Implementing the Family Connections Centres in British Columbia: Perspectives of Professionals on the Registry of Autism Service Providers

Vanessa C. Fong, PhD
Researcher
Department of Psychology
Simon Fraser University

Grace Iarocci, PhD, R. Psych
Professor
Department of Psychology
Simon Fraser University

Deborah Pugh, MA
Executive Director
ACT – Autism Community Training

Contact: addl@sfu.ca

Suggested citation:

Fong, V.C., Pugh, D., & Iarocci, G. (September 1, 2022). Implementing the Family Connections Centres in British Columbia: Perspectives of Professionals on the Registry of Autism Service Providers. Vancouver, BC: Autism and Developmental Disabilities Lab, Department of Psychology, Simon Fraser University.

Contents

1. Executive Summary

A web-based survey was conducted with professionals on the Registry of Autism Service Providers (RASP) in British Columbia (BC), Canada in the Spring of 2022. The purpose of the survey was to evaluate the perspectives of RASP professionals regarding the changes the Ministry of Children and Family Development (MCFD) announced in October 2021 which include ending the Autism Funding Program.[1] The Autism Funding Program has provided individualized funding to autistic children for two decades. MCFD asserts that expanding the number of children receiving services to include developmentally disabled children currently excluded within Family Connections Centres (FCCs) will provide a more equitable system. Another goal of this survey was to assess the future availability of RASP professionals, including Speech-Language Pathologists (SLPs), Occupational Therapists (OTs), Behavior Analysts and Consultants, and Physical Therapists (PTs), to provide services within the FCCs, as proposed by MCFD, to replace individualized funding.

1.1 Profile of Survey Respondents

The survey was completed by 485 professionals out of just over 1,000 listed publicly on the RASP.[2] They were sent links to the survey using the information publicly available on the Registry. Thirty-eight percent of those who responded were Behavior Analysts (BCBA or BCaBA), 28% were SLPs, and 20% were OTs. Approximately 4% of respondents had a Doctoral degree and 84% had a Master's degree. Thirty-eight percent had been on the RASP for under 4 years.

There are many clinicians who specialize in working with developmentally disabled children who are not on the RASP – it is only required for those who work with autistic children under 6. However, the views of clinicians on the RASP, most of whom are in private practice, do offer an important insight into the challenges facing the proposed FCC system. It is also worth noting that an analysis of the RASP listing indicates that 20% of those listed are not currently accepting new clients.[3]

The RASP professionals surveyed also provide services to children with developmental disabilities other than autism, therefore the survey results give a wider perspective. For example, 68% of professionals work with children with ADHD, 49% work with children Down syndrome, and 45% work with children with FASD.

---

[1] "Improved system coming for children and youth with support needs," MCFD, October 2021, https://news.gov.bc.ca/releases/2021CFD0067-002047

[2] The response rate was likely higher as those with shared company emails may not have received the electronic invite because of limits set by the survey instrument.

[3] "Registry of Autism Service Providers", Government of BC, https://www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/support-needs/autism-spectrum-disorder/build-your-support-team/registry-autism-service-providers

1.2 Key Findings

- 37% of RASP professionals reported that they were unlikely/very unlikely to work for an FCC; 42% responded that they did not have enough information to decide.
- Only 9% of respondents agreed/strongly agreed that the new FCC model will be effective in addressing the needs of all children requiring support, including the increased number of children who will qualify to be served within the proposed system.
- 75% of respondents agreed/strongly agreed that quality of care will be compromised within the proposed FCC model.
- 82% agreed/strongly agreed that this new model will lead to cumbersome bureaucracy.
- Qualitative analysis of open-ended responses revealed major concerns (e.g., two-tiered system, poorer quality of services, long waitlists).
- Respondents also expressed concerns about loss of autonomy, lower wages, burnout, and working outside of their scope of expertise.
- Open-ended responses identified a lack of information related to salary and benefits (e.g., What will compensation look like?), hours and flexibility (e.g., What will caseloads look like?) and service provision (e.g., Will service providers be able to choose which conditions/populations they serve?).

1.3 Implications of FCC Model for Service Quality

A substantial majority of respondents (76%) indicated that they had insufficient information from MCFD to assess the likelihood of success of the new system. MCFD's initial projection that the number of children served would increase by 28% has continued to expand since the survey was completed but there is no definitive statement from MCFD on the numbers it is now preparing for.

It is not clear from information provided to date whether financial modeling and analysis of the funding that will be required to successfully implement the new model has been undertaken by MCFD. No significant budget increases or commitments have been made or announced to date. MCFD has neither confirmed nor denied that the Children and Youth with Support Needs (CYSN) Framework and the FCCs will be funded primarily through re-allocation of individualized funding from the At Home Program and the Autism Funding Program. Adequate funding for FCCs is an issue for RASP professionals; 76% report the lack of detailed financial commitments from government as a concern.

Criticism of MCFD's proposal has come from many organizations not primarily involved in autism services. In December 2021, in an unprecedented alliance, 34 BC-based organizations, including leading clinicians and researchers, wrote Minister Mitzi Dean "to express our concerns with MCFD's sudden decision to transform the existing support network for children and youth with disabilities to a system of generalist hubs while simultaneously eliminating individualized funding."[4]

---

[4] "Letter Re: MCFD System Changes for Children and Youth with Disabilities," ACT-Autism Community Training, December 2021, https://www.actcommunity.ca/wp-content/uploads/2021/12/Dec-3-Letter-to-Minister-Dean-from-Collaborative-Group-on-CYSN-Framework-Changes.pdf

Concerns have been raised by researchers and clinicians at the prospect of transitioning to a “needs-based” system in the absence of reliable evidence-based tools to guide how a child’s level of support needs will be determined.[5] Seventy-four percent of respondents believe there will be limited opportunity to match services to child and family needs. Open-ended responses largely confirmed this finding and revealed that professionals are concerned that the most complex children as well as those whose needs are “invisible” could be turned away from the FCCs. This could be either because the measures used are not sensitive to recognize subtle but potentially life-altering conditions or their needs will be missed completely by those untrained to identify them.

The finding that 37% of RASP professionals were unlikely/very unlikely to work for an FCC, calls in to question the provincial government’s apparent assumption that clinicians who specialize in working with autistic/developmentally disabled children will move to an FCC. The 42% who replied that they had insufficient information to respond are unlikely to respond favourably to the wage levels published by MCFD in the Requests for Proposals (RFP) issued in the summer of 2022 for four pilot sites expected to open in 2023.[6] The wages that will be paid by the FCCs (see CSSEA hourly wage below) average little more than a third of the average hourly rate cited by survey respondents asked about their current hourly wage. Unfortunately, wage levels had not been revealed by MCFD prior to the closure of the survey for respondents to comment.

Comparison of wages proposed by FCCs vs. survey self-reported wages

Position	CSSEA hourly wage	Hourly wages reported on the survey from:			
		Autism Funding Branch	The At Home Program	MCFD Contracts	Parents
Behaviour Analyst / Consultant	$37.66 – $46.15	$114.87	$104.17	$111.43	$117.72
Occupational Therapist	$38.56 – $46.28	$127.63	$81.53	$110.04	$124.68
Physiotherapist	$38.56 – $46.28	$118.33	$103.33	$113.33	$118.33
Speech-Language Pathologist	$39.85 – $46.06	$143.55	$113.75	$142.89	$142.20

---

[5] “Analysis identifies serious shortcomings in province’s proposed tools for determining which children with disabilities qualify for support,” BC Disability Collective, February 2022, https://www.actcommunity.ca/wp-content/uploads/2022/02/Media-Release-Ministry-of-Children-and-Family-Development-Assessment-Process-for-Eligibility-Independent-Analysis-2022-1.pdf

[6] “RFP – Children and Youth with Support Needs for Kelowna,” Appendix F, available on Legacy BC Bid, MCFD, https://www.bcbid.gov.bc.ca/open.dll/

While FCC employees would be entitled to benefits, mileage costs, paid holidays, and possibly pensions as well as having lower overhead costs, the significant pay gap means that many clinicians will likely prefer to remain in private practice. Given the current shortage of experienced allied health professionals, which has been acknowledged and addressed by other ministries[7], and the comparably low salaries offered by the FCCs, a reasonable scenario could be that the most experienced clinicians will continue in private practice working with more affluent families able to pay for their services directly. This raises the prospect that the FCCs will have difficulty recruiting qualified clinicians and be unable to meet the therapeutic needs of developmentally disabled children – regardless of diagnosis.

A further dimension to the prospect of all developmentally disabled children being expected to be served by these centres is that currently clinicians who have a speciality in specific issues, including extreme feeding or self-injurious behavioral concerns, often work across the province with complex children.

In order to serve such a diverse population, as is being required of FCCs, the professionals working there will have to be moderately skilled in working with many different types of learners. Those who are highly specialized in working with a specific condition may not be best suited to serve a broad population, nor will their skills be available across regions.

British Columbia’s complex geography (it is larger than France and Germany combined, with extreme topography and climate), makes serving rural populations, in particular Indigenous communities on reserves enormously challenging.

---

[7] “British Columbia trains, recruits more allied health professionals,” Government of British Columbia, July 19, 2022, https://news.gov.bc.ca/releases/2022HLTH0047-001138

2. Recommendations

1

The Ministry of Child and Family Development should develop a detailed plan to address the staffing challenges revealed by the survey of professionals on the Registry of Autism Service Providers. This should be completed prior to implementing the Family Connection Centres (FCC) model given the widespread reluctance to staff the proposed centres. To be effective, this process must engage professional organizations and university programs.

2

While the Government of British Columbia (BC) addresses the practical challenges of establishing a complex new system, it is advisable to allow families to continue to receive individualized funding for their autistic children. In the interim, to address the current inequity facing both autistic and non-autistic children whose parents cannot provide individualized programs, it is recommended that funding be increased to existing infant development programs, Child Development Centres, and therapy programs. This will help ensure all developmentally disabled children across BC have access to the services they require.

3

In order to meet the government's goal of developing an equitable system in BC it is recommended that an accelerated program to train and retain clinicians, especially in thinly populated regions, is developed. These professionals include Behavior Analysts, Speech-Language Pathologists, Occupational Therapists, Physiotherapists, Psychologists, Pediatricians, and Psychiatrists. An accelerated program should include:

- Collaboration across government ministries to provide incentives to university programs to train the next generation of those who serve developmentally disabled children.
- Training opportunities for Indigenous candidates. Considering only 2% of survey respondents identified as Indigenous, intensive efforts are needed to build capacity to ensure the delivery of culturally sensitive services across the province.
- The establishment of cohorts in affiliated university programs across the province with incentives to remain in rural and remote communities. This is an important strategy to meet the huge need for trained therapists outside urban centres, especially among Indigenous communities.
- Targeting the training of those who speak a second language who will also provide specialized support to newcomers to BC whose children are often poorly served because of language barriers.

4

Setting provincial standards for services delivery quality. This will be essential if the taxpayer is to receive value for the expenditure involved. Developmentally disabled children are extremely complex. To reach their potential they require specialized support as soon as their needs are identified. This must be recognized in service provision standards, set provincially, with the leadership of researchers and clinicians in the development of these standards. These should be developed within best practice time frames to ensure that the focus is on providing timely clinical services so that child outcomes are optimized.

5

A detailed economic analysis of the costs involved in establishing FCCs must be made available. This will help assure families and clinicians that the government has properly costed this model and that FCCs will have sufficient funds to provide high quality, timely, and effective services to developmentally disabled children across the province – prior to disrupting the current programs. Special funding to ensure that the transition process is supported will be vital to protecting the interests of vulnerable children. Part of this analysis must include a detailed plan for attracting therapists to the FCCs, as well increasing the training of new graduates.

3. Study Context

Autism is one of the most common neurodevelopmental disabilities with approximately 1 in 39 children between ages 6-18 years receiving a diagnosis in BC.[8] Autism is characterized by differences in social communication, social interaction, and restricted and repetitive patterns in behaviors, interests, and activities. This condition is recognized as a "spectrum" given the diverse strengths and challenges experienced by autistic people.[9]

In BC, the current system allows autistic children and their families to access financial support from the government through Autism Funding Programs. Parents and caregivers of diagnosed children under 6 years old can access up to $22,000 per year. For children 6 and over $6,000 is available per year. Families of children under 6 must hire professionals who are on the RASP, including Behavior Analysts, SLPs, OTs, and PTs.

Under the Autism Funding Programs, parents are given the responsibility of being the employer and must identify clinicians and manage their child's program.[10] A significant number of families find this challenging to manage and do not use their funding despite the needs of their children. Some families struggle to implement a program in the family home because of the costs involved. Funding levels have not increased in over a decade while the hourly rate for RASP professionals has climbed. MCFD has declined to set limits for what parents can be charged. Families where English is not their first language, rural and remote families, Indigenous families, low-income families, and families with developmentally disabled parents are particularly disadvantaged.

Over several decades, families of developmentally disabled children other than those who are autistic have received little or no services from MCFD and its predecessors. Only a diagnosis of autism has guaranteed individualized funding – with the exception of those who qualify for the At Home Program.[11] Children with a diagnosis of Down syndrome, for example, have not received funding from MCFD for services such as respite, despite what is at times a high level of need. Additionally, children with FASD are often excluded from funding supports, including respite. The only available short-term program for parents of children with FASD had its funding cut in 2021.[12]

Child Development Centres (CDCs) in BC have long waitlists and a very thin level of service especially for children who have invisible disabilities. These waitlists conflict with the need for early intervention. Many CDCs are not able to offer services once children reach school-age. Generally, they rely on block therapy approaches (e.g., 6 weeks of once-a-week SLP therapy). Despite many campaigns over

---

[8] "MCFD Autism Funding Program Service Rate," MCFD, 2021.

[9] Throughout this report, we use identity-first language (e.g., autistic individual) rather than person-first language (e.g., individual with autism) to recognize language preferred by many autistic people (Kenny et al., 2015). There is emerging evidence that this practice may help to reduce stigma (Dunn & Andrews, 2015).

[10] "Hire and manage services providers," Government of BC, https://www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/support-needs/autism-spectrum-disorder/build-your-support-team/hire-manage-service-providers

[11] "At Home Program," Government of BC, https://mcfd.gov.bc.ca/reporting/services/children-and-youth-with-support-needs/case-data-and-trends

[12] "Excluded: Increasing Understanding, Support and Inclusion for Children with FASD and their Families," BC's Representative of Children and Youth, April 2021, https://rcybc.ca/reports-and-publications/reports/monitoring-reports/excluded/

the years to increase funding for these centres, there has been no significant effort by successive provincial governments to increase financial support to CDCs to meet the needs of non-autistic children.

> *"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".*[13]

In October 2021, after 18 months of enduring heavy criticism for not providing a concerted response to highly vulnerable children and families enduring extreme isolation associated with the pandemic[14], MCFD announced its new framework for Children and Youth with Support Needs. This included the termination of the Autism Funding Program and the At Home Program by March 2025 and the transition into the new system (FCCs).[15] MCFD stressed that the new framework would provide an equitable system that would also provide services for non-autistic children.

The proposed changes have contributed to a sense of crisis among many families who have developed functioning home programs for their autistic children. Families immediately began a protest campaign which continues.[16] Organizations representing families of developmentally disabled children have welcomed the widening of the eligibility, based on need, without the requirement for a diagnosis, but share concerns that there will be too few resources to meet the backlog of unmet needs which were significant even before the COVID-19 pandemic. Down Syndrome BC was particularly critical.[17]

Clinicians are concerned as to how the government will address current waitlists for clinical services while increasing the number of children and families served by at least 28%.[18] There are indications since the initial announcement that the numbers of children with access to these centres could go much higher as MCFD representatives have expanded the scope during public meetings.

The concerns of clinicians and researchers are echoed by distraught families, especially those whose children have experienced frequent exclusion from childcare settings. They point to the chronically underfunded Supported Child Care Program which promised to ensure equal access to all children to their local childcare setting when specialized centres were closed down in the 1990's. The situation is similar in BC public schools. BCEdAccess, a BC not-for profit has highlighted the pervasive exclusion of disabled children since 2018.[19] A common underlying reason for exclusion is that the childcare settings and schools do not have highly trained staff, including SLPs, OTs, and Behavior Analysts, in sufficient numbers to serve children with complex needs. Increasingly, children are home schooled or placed in private schools.

---

[13] "Improve access to critical services provided by Child Development Centres," Health Sciences Association, https://hsabc.org/sites/default/files/uploads/CL%20Backgrounder%20CDCs%202021.pdf

[14] "Left Out: Children and youth with special needs in the pandemic," BC's Representative of Children and Youth, December 2020, https://rcybc.ca/reports-and-publications/cysn-report/

[15] "MCFD's Autism Funding Changes and Family Hubs: What you need to know and what you can do," Autism BC, November 2021, https://www.autismbc.ca/blog/mcfd-changes/

[16] "Initial Feedback from the Community," ACT – Autism Community Training, November 2021, https://www.actcommunity.ca/initial-feedback-from-the-community/

[17] "Down Syndrome BC Response to The Ministry of Children and Family Development Announcement: Improved System for Children and Youth with Support Needs," Down Syndrome BC, October 2021, https://static1.squarespace.com/static/5f91ec6bf050df2a75b0ce91/t/617b523155a8dc1803e9a50e/1635471921616/DSBC+Response+to+MCFD+PR.pdf

[18] "Improved system coming for children and youth with support needs," MCFD, October 2021, https://news.gov.bc.ca/releases/2021CFD0067-002047

[19] "Exclusion Tracker," BCEdAccess, https://bcedaccess.com/exclusion-tracker/

For families of the over 20,000 autistic children currently served by the Autism Funding Programs, the prospect that these new centres will not be funded and staffed to provide quality services from their inception, given the imminent removal of individualized funding, is very frightening. This fear was articulated by Kukpi Judy Wilson, Secretary-Treasurer of the Union of BC Indian Chiefs:

> *"Children with disabilities need more and better services. Not less. Our children are distinct and diverse and must be treated as individuals like everyone else who requires health and therapy. It is not for government to say a certain group of vulnerable people, because of their disabilities, must primarily get help in group settings. What other group of people are told health and therapy services will be provided in this way? There is a vitally important goal that is being pursued by government - providing services to all children with disabilities, ending waitlists, and meeting the needs of children. We all support this. But nothing in the government's current plan - which is largely a retread of approaches by conservative governments in other jurisdictions - will meet this goal. And certainly, it will not achieve it when it has been designed without proper engagement of First Nations and all those impacted."* [20]

3.1 What was the purpose of this study?

The purpose of this survey was to evaluate the perspectives of RASP professionals regarding MCFD's plans to end the Autism Funding Program. Another goal of this survey was to assess the future availability of RASP professionals to provide services and supports within the FCCs.

3.2 How was the survey developed?

A community-engaged approach to designing this web survey was adopted, in collaboration with ACT-Autism Community Training (ACT) and a network of professionals across British Columbia. In March 2022, we invited professionals on the RASP to complete the survey. A total of 485 RASP professionals completed the survey.

---

[20] "UBCIC Calls for Province to Expand Existing Services for Children and Youth with Special Needs; Pause on Family Connection Centres, Union of British Columbia Indian Chiefs," May 2022, www.ubcic.bc.ca/province_to_expand_existing_services_for_children_youth_with_special_needs_pause_family_connection_centres

4. Profile of Survey Respondents

Demographics	Frequency (N=485)	Percentage
Age		
20-29	47	9.7%
30-39	204	42.1%
40-49	131	27.0%
50-59	65	13.4%
60-69	30	6.2%
70+	2	0.4%
Prefer not to answer	6	1.2%
Years on the RASP		
0-4	186	38.4%
5-9	131	27.0%
10-14	97	20.0%
15-19	54	11.1%
20-24	16	3.3%
25-29	1	0.2%
Plans to retire from workforce in 5 years		
Yes	30	6.2%
No	409	84.3%
Uncertain	45	9.3%
Prefer not to answer	1	0.2%
Plans to exit the sector in 5 Years		
Yes	28	5.8%
No	359	74.0%
Uncertain	96	19.8%
Prefer not to answer	2	0.4%
Highest education		
Diploma	1	0.2%
Bachelors	50	10.3%
Masters	408	84.1%
Doctoral	17	3.5%
Other	9	1.9%
Do you identify as Indigenous?		
Yes	10	2.1%
No	469	96.7%
Prefer not to answer	6	1.2%

Profession		
1. Behaviour Consultant [not certified by the BACB]	30	6.2%
2. Behaviour Analyst [either BCBA or BCaBA]	183	37.7%
3. Speech-Language Pathologist	134	27.6%
4. Occupational Therapist	99	20.4%
5. Physical Therapist	21	4.3%
6. Other	1	0.2%
1 & 6	4	0.8%
1 & 3	2	0.4%
2 & 3	6	1.2%
2 & 4	2	0.4%
2 & 6	3	0.6%

Location of residence		
Alberni-Clayoquot	1	0.2%
All regions	2	0.4%
Capital	34	7.0%
Cariboo	4	0.8%
Central Coast	2	0.4%
Central Kootenay	3	0.6%
Central Okanagan	22	4.5%
Columbia-Shuswap	6	1.2%
Comox Valley	10	2.1%
Cowichan Valley	9	1.9%
East Kootenay	7	1.4%
Fraser Valley	83	17.1%
Fraser-Fort George	10	2.1%
Kitimat-Stikine	3	0.6%
Kootenay Boundary	1	0.2%
Metro Vancouver	219	45.2%
Nanaimo	15	3.1%
North Coast	1	0.2%
North Okanagan	10	2.1%
Okanagan-Similkameen	9	1.9%
Peace River	2	0.4%
Prefer not to answer	3	0.6%
Qathet	1	0.2%
Squamish-Lillooet	10	2.1%
Strathcona	1	0.2%
Sunshine Coast	3	0.6%
Thompson-Nicola	7	1.4%
Unsure:	7	1.4%

Provide services online

Yes	415	85.6%
No	67	13.8%
Prefer not to answer	3	0.6%
Percentage of services online		
None	6	1.2%
0-25%	259	53.4%
26-50%	75	15.5%
51-75%	41	8.5%
76-100%	32	6.6%
Prefer not to answer	2	0.4%

Do you provide services to children without a diagnosis of autism?

Yes	378	77.9%
No	104	21.4%
Prefer not to answer	2	0.4%

Other conditions served

ADHD	330	68.0%
Dyslexia	150	30.9%
Dyscalculia	42	8.7%
Down Syndrome	239	49.3%
Intellectual Disability	298	61.4%
Tourette Syndrome	83	17.1%
FASD	220	45.4%
Cerebral Palsy	189	39.0%
Genetic condition	234	48.2%
Other	113	23.3%

Provide mental health services

Yes	253	52.2%
No	219	45.2%
Prefer not to answer	12	2.5%

Provide behavioural services

Yes	419	86.4%
No	61	12.6%
Prefer not to answer	4	0.8%

Provide substance abuse services

Yes	20	4.1%
No	462	95.3%
Prefer not to answer	2	0.4%

5. Factors Impacting Decisions to Join FCCs

- The three most important factors in determining whether or not professionals would work for an FCC were: 1) Autonomy to provide services based on expertise; 2) Competitive wages; and 3) Flexibility in hours.

How important are the following in impacting whether or not you will work for a FCC?	Important / Very Important	Unimportant / Very Unimportant	Prefer not to answer
Autonomy to provide services based on expertise	93.4%	0.8%	1.2%
Competitive wages	91.0%	1.6%	2.3%
Flexibility in hours	85.4%	1.6%	2.1%
Consistent work	78.1%	4.3%	2.5%
Being part of a multidisciplinary team	74.5%	5.6%	1.6%
Access to other supports for families	66.6%	9.0%	2.1%
Professional development	62.1%	13.2%	2.1%
Mentorship	56.1%	17.5%	1.9%
Benefits	55.9%	16.1%	2.1%
Less travel	39.2%	22.7%	2.1%
Being part of a union	17.1%	44.1%	2.9%

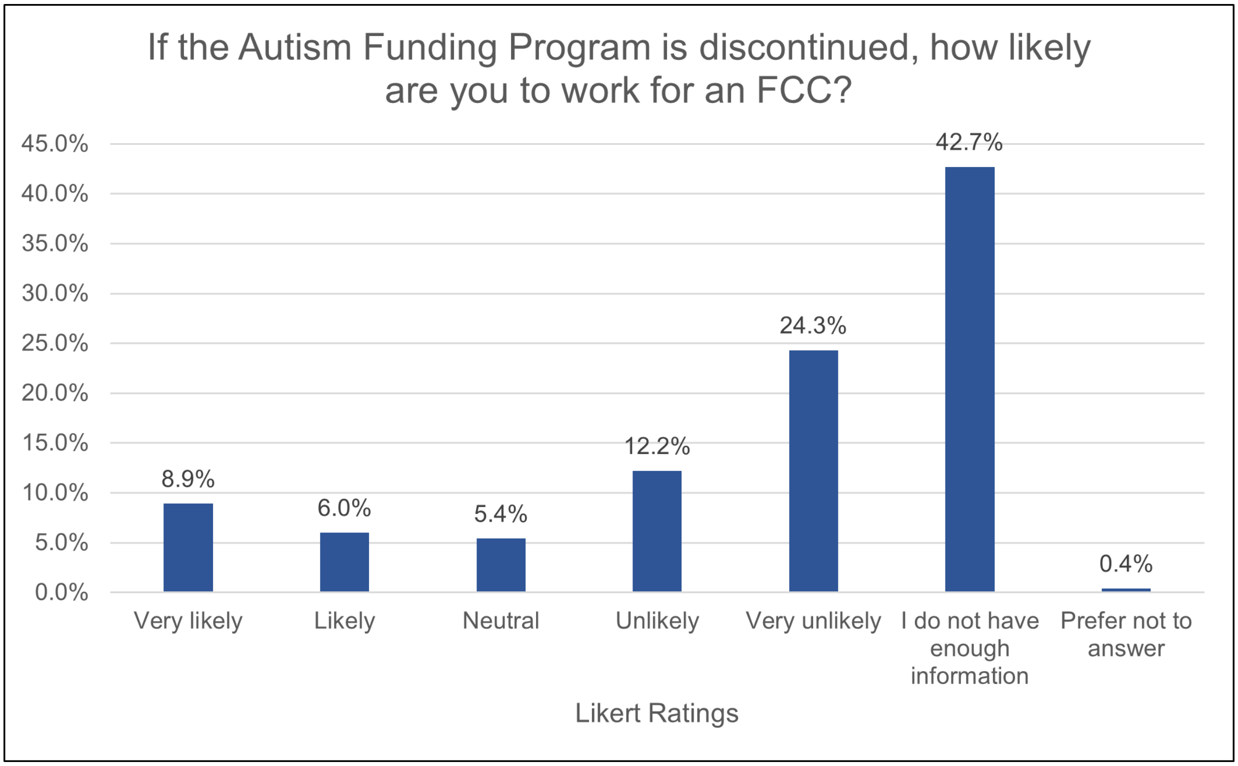
“I am excited, and trying to be optimistic, at the idea of a system that allows all children with needs to receive services, and that allows me and my talented colleagues to provide services to these children with needs.”

“Clinical autonomy remains the most important factor in making this decision. One of the main worries with the FCCs is that they will serve to further dilute the quality of the services available.”

“Based on the initial budget proposals, I do not believe that I will be appropriately compensated for my years of education and the intensive continuing education that is required to maintain my standing with [professional organization].”

6. Concerns for Proposed New FCC Model

- 37% of professionals reported that they were unlikely/very unlikely to work for a FCC.
- 42% responded that they did not have enough information.



"I cannot see how a Family Connections Centre can provide customised, consistent services to the neurodiverse population. The new model removes parent choice and overlooks the value of the client-clinician relationship in fostering progress. I think it promotes cookie-cutter approaches to services and lessens professional accountability. Staff shortages will mean guaranteed caseloads for average clinicians. Clients deserve high quality services and parents should have the right to choose who they feel can provide this."

"Specialization is very important in providing optimal care for patients, and I believe the "Hub" model will cause this to virtually disappear. Choices for families will become more limited instead of giving them additional choices."

6.1 Working Conditions

- 74% of respondents agreed/strongly agreed that there will be limited opportunity to manage caseload size and complexity.

Rate your agreement with the following statements:	Agree / Strongly Agree	Disagree / Strongly Disagree	Prefer not to answer
FCCs will provide a positive working environment.	12.0%	26.9%	5.4%
There will be limited opportunity to manage caseload size and complexity.	74.4%	5.9%	0.8%
Within the new model, a union environment will make it difficult to match the child to individual interventionists.	66.6%	6.0%	4.7%

“The 'hub' environment is not conducive to working with clients who have behavioural, sensory processing, mental health challenges as they require intensive, consistent therapy in an environment which is quiet, predictable, and consistent and/or in their home.”

6.2 Waitlists

- Waitlists for SLPs were on average 6 months in duration with approximately 17 children on these waitlists.

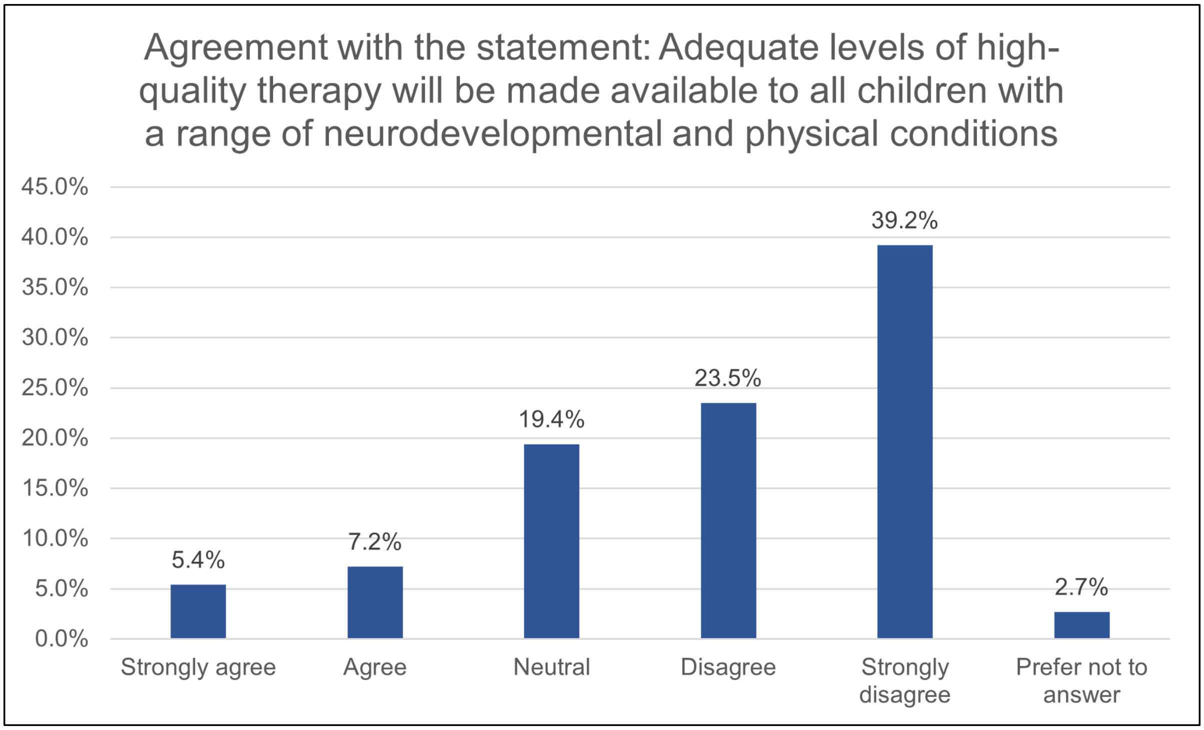
	Waitlists	
Professional Category	Average Time (Months)*	Number of people on waitlist
Behaviour Analyst	5.8	5.1
Behaviour Consultant	4.1	9.7
Physiotherapist	2.6	28.7
Occupational Therapist	5.8	9.7
Speech Language Pathologist	6.0	17.2

*It is important to note that this data was obtained via open-text responses; for some the demand for services was too high to keep waitlists.

6.3 Quality of Services

- 75% of respondents agreed/strongly agreed that the quality of care for the FCCs will be compromised.
- Fewer than 10% agreed that the new model will be effective in addressing the needs of all children and their families requiring support.

Rate your agreement with the following statements:	**Agree / Strongly Agree**	**Disagree / Strongly Disagree**	**Prefer not to answer**
Adequate levels of high-quality therapy will be available to all children with a range of neurodevelopmental and physical conditions.	12.6%	62.7%	2.7%
The new model will be effective in addressing the needs of all children and their families requiring support.	9.2%	64.9%	3.3%
The quality of care will be compromised.	74.6%	4.1%	2.5%
There will be limited opportunity to match services to child and family needs.	73.6%	4.9%	3.3%
There will be difficulties maintaining long-term connections with children and families.	72.2%	6.6%	2.9%
Within the new model, children will receive direct therapy from those with the specialized skills they require.	17.1%	48.3%	3.7%



"I have no confidence that practitioners will be able to deliver high quality and ethical services via the FCCs. I anticipate that contracts will go to the lowest bidder. This means there will certainly be a paucity of funds to provide ethical treatment. I expect that practitioners working at the hubs will be expected to carry caseloads that far exceed their capacity. Further, I anticipate pressure for clinicians to take on the clients assigned to them, regardless of their expertise and scope of practice."

6.4 Bureaucracy

- 83% of respondents agreed/strongly agreed that the new model (FCCs) will lead to cumbersome bureaucracy.

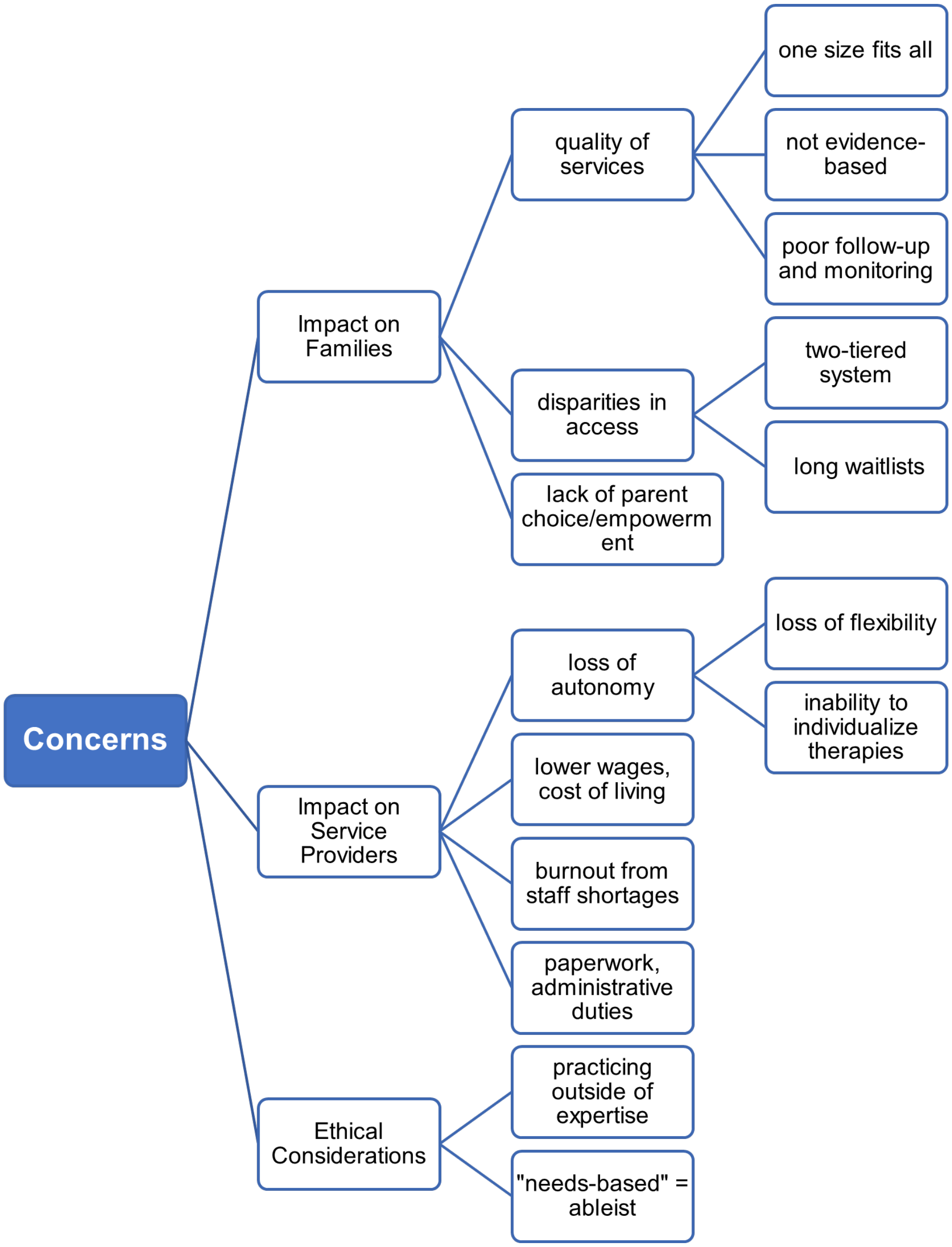
Rate your agreement with the following statements:	Agree / Strongly Agree	Disagree / Strongly Disagree	Prefer not to answer
This new model will lead to cumbersome bureaucracy.	82.7%	1.8%	1.9%
Within the new model, a union environment will make it difficult to match the child to individual interventionists.	66.6%	6.0%	4.7%

> *“I believe families should have consistent choice and drive their services, without the interference of bureaucracy or politics dictating how much or how little those families are ‘allowed’. The entire FCC ‘needs based’ model is incredibly ableist and downplays the unique challenges ALL individuals face. People with support needs should not be classified as ‘more’ or ‘less’ in need of support compared to their peers; that would be worse than comparing apples and oranges.”*

6.5 Summary of Concerns

Method

- Open-ended responses on the survey allowed for qualitative analysis and identification of themes and subthemes.



Information Needs

- 76% of respondents strongly agreed with the statement "MCFD has yet to provide sufficient details in order to assess the potential for success, i.e., commitment to required financial and human resources."

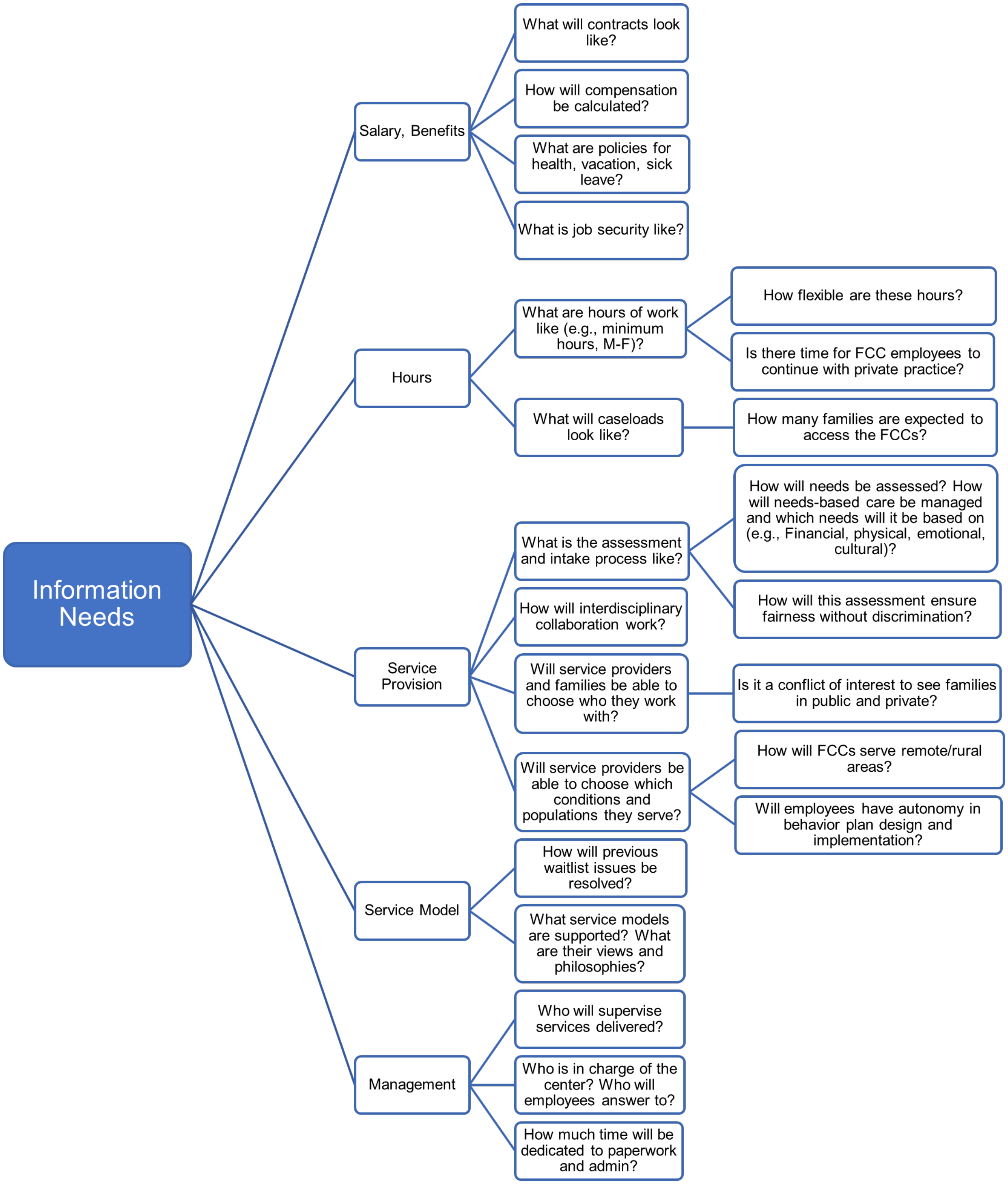
MCFD has yet to provide sufficient details in order to assess the potential for success, i.e., commitment to required financial and human resources	Frequency	Percentage
Strongly agree	370	76.3%
Agree	52	10.7%
Neutral	18	3.7%
Disagree	6	1.2%
Strongly disagree	23	4.7%
Prefer not to answer	4	0.8%

> *"The lack of transparency and lack of answers to the most pressing questions has caused me to become increasingly concerned. Service providers need information about how they can continue to provide services while also protecting their livelihoods and client base with which they have forged strong, meaningful connections. The information provided by the ministry is not transparent and is not scientific."*

7. Information Needs

Method

- Open-ended responses on the survey allowed for qualitative analysis and identification of themes and subthemes.



8. Conclusion

The strong response of RASP professionals to this survey, means that the results are a reliable indicator of their concern with MCFD’s decision to abolish individualized funding programs and create FCCs to replace them.

There is strong support to expand services for all developmentally disabled children among respondents. However, the majority of RASP professionals reported that the MCFD proposal, in the absence of appropriate funding commitments, is not sufficiently robust to merit locating to an FCC.

Professionals indicate high levels of concern in terms of the quality of services that will be delivered at an FCC, including who will decide on what services a child requires, the prospect of high caseloads, and long waitlists, as there is no clear plan to train, recruit, and retain key professionals to staff the FCCs. The low wage levels set within the Request for Proposals for pilot FCCs illustrates the wide gap between MCFD’s vision of the costs associated with staffing the FCCs and the economic realities from the perspective of private practitioners.

It is difficult to see how it is possible for this initiative which entails a radical restructuring of therapy and supports for an undetermined number of developmentally disabled children can be successful given the shortage of sufficient staff, the absence of committed funding, the lack of a detailed implementation plan, and widespread opposition from clinicians.