

A Cross-Jurisdictional Mapping of Developmental, Disability and Early Childhood Intervention Systems in Canada: Ministerial Structures, Service Coordination, and School Transitions

EXECUTIVE SUMMARY

Young children with developmental concerns, disabilities, or support needs often require programs and services that span health, education, childcare, and social service systems. In Canada, responsibility for these developmental and early intervention supports rests primarily with provincial and territorial governments, resulting in substantial variation in how services are organized, delivered, and coordinated. Understanding these differences is essential for identifying opportunities to improve continuity of care, reduce navigational burden for families, and support children's successful transition into school.

This report presents the findings of a cross-jurisdictional mapping of developmental, disability, and early intervention programs and services for children from birth to approximately six years of age across all 13 Canadian provinces and territories. Using publicly available policy and program information, the study examined governance structures, ministerial responsibilities, eligibility approaches, transition processes, and care coordination mechanisms. A participatory Working Group – comprising individuals with expertise in disability policy, health service delivery, early childhood services, research, advocacy, and lived experience – informed the project's scope, analysis, and interpretation. A total of 73 developmental, disability, and early intervention programs and services were identified across Canadian jurisdictions. Five key findings emerged:

1. Fragmentation is universal, but its form varies

Responsibility for developmental, disability, and early intervention supports is distributed across multiple ministries in every jurisdiction. While governance structures differ across jurisdictions, fragmentation was not determined solely by the number of ministries involved. In several jurisdictions, some of the most significant disconnects occurred within ministries rather than between them, highlighting the importance of coordination mechanisms in shaping how families experience services.

2. Supports exist across the continuum of care, but continuity is uneven.

All jurisdictions offered developmental and disability supports ranging from developmental screening and early identification to targeted intervention and specialized rehabilitation services. However, no province or territory demonstrated a fully integrated continuum in which children and families could move seamlessly between levels of support. Families frequently encountered separate programs and services with different eligibility requirements, service pathways, and transition processes.

3. Needs-based and diagnosis-based approaches to access coexist

Many early intervention programs allow children to access services based on developmental concerns or functional needs. In contrast, several specialized programs require a confirmed diagnosis before services can be accessed. These differing approaches have important implications for when children receive supports and may contribute to inequities associated with assessment wait times and service availability.

4. School entry is a critical point of system discontinuity

The transition from early childhood services into kindergarten emerged as one of the most significant structural challenges identified. In many jurisdictions, responsibility for services shifts between sectors at school entry, while formal mechanisms to support continuity remain limited. More structured transition approaches were identified in jurisdictions such as New Brunswick, Manitoba, Ontario, and Quebec, demonstrating that greater continuity is possible within a range of governance arrangements.

5. Formal care coordination remains limited

Although developmental and disability support systems require families to navigate multiple ministries, programs, and providers, centralized navigation and care coordination mechanisms were uncommon. In most jurisdictions, families remained the primary coordinators of services. Examples from Quebec, Ontario, and New Brunswick demonstrate that coordinated entry points and integrated service models can help reduce navigational burden and improve continuity across systems.

Key Message

The principal challenge facing developmental disability support systems in Canada is not the absence of programs and services, but the extent to which those programs are connected across ministries, sectors, and developmental transitions. While provinces and territories differ in how services are organized, the effectiveness of coordination mechanisms appears to be a key factor influencing continuity of care, navigation, and access for children and families. The findings suggest that improving coordination across systems may be as important as expanding the availability of individual services.

This report provides a comprehensive cross-jurisdictional mapping of developmental, disability, and early childhood intervention systems across all 13 Canadian provinces and territories. Although services are available across Canada, children and families often experience them as separate and disconnected systems. The findings suggest that the most important difference between jurisdictions is not how many programs they offer, but how effectively ministries, sectors, and programs work together to create coordinated pathways of support.

INTRODUCTION AND POLICY CONTEXT

Canada's commitment to disability inclusion is reflected in its ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2010 and through subsequent federal initiatives, including the *Accessible Canada Act* (2019) and the *Disability Inclusion Action Plan* (2022). Yet despite these national commitments, responsibility for developmental, early intervention, and disability-related services for young children rests primarily with provincial and territorial (PT) governments. As a result, children and families encounter a highly variable landscape of programs, eligibility criteria, service pathways, and governance structures across Canada.

The early years represent a critical period for child development, with growing recognition that timely access to supports can influence a child's participation, learning, health, and well-being (Tollan et al., 2023). From birth to school entry, children with developmental delays, disabilities, or emerging support needs may require access to a range of services, including developmental screening and assessment, early intervention programs, childcare supports, family-centred services, and rehabilitation services such as occupational therapy, physiotherapy, and speech-language pathology (Tollan et al., 2023; Sapiets et al., 2021). These supports span multiple sectors, including health, education, childcare, and social or family services. Because developmental, early intervention, and disability supports are often distributed across multiple ministries and service systems within a single jurisdiction, families frequently navigate multiple organizations, providers, and government ministries to access supports for their child. This arrangement can result in complex eligibility requirements, separate intake processes, and varying service pathways. Families are often required to coordinate care across ministries, agencies, and providers – frequently without formal navigation supports or clearly defined coordination mechanisms. Recent pan-Canadian work has further highlighted the substantial administrative burden experienced by families seeking disability-related services for their children, including repeated applications, multiple assessments, and difficulties identifying available programs (Finlay et al., 2024).

These challenges are particularly evident during transitions between systems. The transition from early childhood services into kindergarten and the formal school system represents a critical juncture in many children's developmental trajectories (Leif et al., 2025; Alsaïdalani & Rakap, 2026). At this point, responsibility for services may shift between ministries, eligibility requirements may change, and supports available through early intervention, health, or social systems may not automatically continue within educational settings. Children and families therefore encounter disruptions in service continuity at precisely the time when coordinated supports are most needed.

Understanding how developmental, early intervention, and disability services are organized is further complicated by the fact that service access does not always align neatly with diagnostic categories (Sapiets et al., 2021). Children often require supports before receiving a formal diagnosis, and eligibility criteria may vary considerably across programs and jurisdictions. As a result, understanding the structure of developmental support systems requires examining not only disability-specific programs, but also the broader continuum of services available to children with developmental concerns and support needs.

Taken together, these challenges highlight the need for a clearer understanding of how developmental, early intervention, and disability supports are organized across Canada. While individual programs and policies have been described within specific jurisdictions, there is limited comparative evidence examining how services are structured across PT governments, how responsibilities are distributed across ministries, and how children and families move through these systems over time. Despite the recognized importance of the birth-to-school-entry period as a critical developmental window, no comprehensive cross-jurisdictional mapping of developmental and early childhood intervention systems across all 13 Canadian PT governments currently exists in the published literature. *The Disability Policy in Canada: Provincial and Territorial Report* (2025) produced by Kids Brain Health Network provides important foundational context regarding disability policy environments across Canada. Building on this work, the

present study maps developmental and disability programs and supports, ministerial responsibilities, care coordination structures, and transition processes across jurisdictions to establish a national structural baseline. Particular attention is paid to how responsibilities are distributed across ministries and the extent to which formal structures support coordination across the continuum of supports and through the transition to school.

METHODS

Study Design

The study used a descriptive cross-jurisdictional mapping to examine developmental, early intervention, and disability supports and programs for children from birth to school entry across all 13 Canadian PT governments. Rather than conducting in-depth case studies of individual PT governments, the study adopted a breadth-first approach, systematically documenting a common set of questions across jurisdictions. This approach enabled the identification of national patterns, common structural models, areas of jurisdictional variation, and gaps in the organization of disability systems. By establishing a pan-Canadian structural overview, the study provides a foundation for future research examining system functioning, implementation, and outcomes in greater depth.

Participatory Working Group

A participatory approach was used with an ADVANCE Network Working Group to support the development of the mapping initiative. Working Group members participated in a co-development process and provided input on project scope, research design, methodological approaches, proposed analyses and matrices, knowledge translation products, and policy implications. Members also identified emerging gaps, issues, and opportunities based on their sectoral, professional, and lived expertise, and advised on dissemination strategies and future directions for the work. Working Group membership was intentionally composed of individuals from across Canada with expertise in disability policy, early childhood services, research, advocacy, and lived experience, ensuring that multiple perspectives informed the interpretation and contextualization of findings. Working Group input also informed the analytical framework, including the emphasis on ministerial coordination, care coordination mechanisms, transition processes, and the continuum of supports.

Data Sources

Data were collected between 2024 and 2026 from publicly available sources. Primary sources included PT government websites, legislation, policy documents, program descriptions, operational guidelines, and related public-facing materials. Findings were supplemented and verified using the Disability Policy in Canada: Provincial and Territorial Report (2025) produced by Kids Brain Health Network, PT resources compiled by CanChild Centre for Childhood Disability Research, provincial service databases, and websites of key service delivery organizations. Where programs were undergoing policy reform or transition, efforts were made to document both current program structures and publicly announced changes. For example, transitional arrangements associated with major program reforms were noted where relevant to understanding system organization.

Analytical Framework

Program mapping was organized around two interrelated analytical dimensions derived from the project's objectives. The first dimension focused on governance and ministerial responsibility, examining which ministries were responsible for developmental, early intervention, and disability supports and services, whether responsibilities were centralized or distributed across government departments, and whether formal coordination mechanisms existed between ministries. Because responsibility for developmental supports is distributed across sectors in every jurisdiction, particular attention was paid to how ministerial structures facilitated or constrained coordination across programs and services.

The second dimension focused on the continuum of supports, mapping programs and services along a spectrum ranging from universal services (e.g., developmental surveillance) to targeted early intervention services (e.g., home visiting programs and childcare inclusion supports) and specialized supports such as rehabilitation therapies and developmental services (e.g., occupational therapy, physiotherapy, and speech-language pathology, and psychology services where they were explicitly included within developmental or early intervention programs). Programs were also categorized according to whether their primary orientation was child-focused, family-focused, or system-focused. This distinction emerged through consultation with the Working Group and was considered important for understanding where responsibility for system navigation and service coordination is situated within different jurisdictions.

The analysis further examined the extent to which formal structures supported coordination across sectors. Attention was paid to care coordination mechanisms, transition planning processes, and other structural features intended to facilitate movement between services and systems, particularly during the transition from early childhood services into the school system.

Study Scope

This mapping focused on programs and services for children with developmental concerns, disabilities, or support needs from birth to approximately six years of age. The analysis was conducted at the PT level and did not systematically examine variation across individual school boards, municipalities, or local service providers.

As a descriptive policy scan, the study examined the structural and organizational features of developmental and disability support systems as they existed between 2024 and 2026. It did not evaluate program quality, effectiveness, implementation, service utilization, or child and family outcomes. Psychology and mental health services were not systematically mapped unless they were explicitly embedded within a developmental, disability, or early intervention program. Future work will explore access to psychological and mental health services, including the interaction between publicly funded and privately funded pathways for young children with developmental concerns. In addition, although transitions to school were examined, the experiences of families whose children entered school without access to developmental or early intervention services prior to school entry were not assessed. Working Group discussions identified this as an important area for future research, particularly in relation to school readiness, service continuity, and longer-term outcomes for children who may not have accessed supports during the birth-to-school-entry period.

KEY FINDINGS

Across the 13 PT jurisdictions, 73 distinct developmental, early intervention, and disability programs and services were identified. The findings are organized into five thematic areas reflecting the study's analytical framework: (1) governance and ministerial responsibility, (2) the continuum of supports, (3) eligibility and access, (4) transitions to school, and (5) care coordination and navigation. Together, these findings provide a national snapshot of how developmental support systems are organized for young children and their families across Canada, including how responsibilities are distributed across ministries and how coordination is achieved or where gaps remain across systems. Table 1 provides an overview of the governance structures, ministries involved, and dominant structural models identified across jurisdictions.

1. Governance and ministerial responsibility: Fragmentation is universal, but its form varies

Responsibility for developmental, early intervention, and disability-related services for young children is distributed across multiple ministries in every Canadian PT (Table 1). No PT consolidates all services within a single ministry, and most involve responsibilities spanning health, education, and social or family services. While the specific configuration varies, service delivery is spread across multiple systems in every jurisdiction.

As shown in Table 1, three broad structural models emerged from the mapping. The most common was a **multi-ministry parallel model**, observed in British Columbia (*Children and Youth with Support Needs (CYSN)*; *Ministry of Health*; *Ministry of Education and Child Care*), Alberta (*Family Support for Children with Disabilities (FSCD)*; *Alberta Health Services*; *Family Resource Networks (FRNs)*; *Education and Childcare*), Saskatchewan (*Early Childhood Intervention Program (ECIP)*; *Saskatchewan Health Authority rehabilitation services*; *Community Living Service Delivery (CLSD)*), Ontario (*Ministry of Children, Community and Social Services (MCCSS)*, *Ministry of Education*; *Ministry of Health*), Prince Edward Island (*AccessAbility Supports Program*; *Early Years Autism Services*; *Health PEI*), Yukon, and the Territories. Under this model, ministries fund and administer services independently, often with limited formal coordination across sectors.

A second model was a **consolidated education-led model**, most clearly represented by New Brunswick. The Department of Education and Early Childhood Development oversees early intervention (*Early Intervention Program (EIP)*), childcare services, developmental screening (*Early Years Evaluation – Direct Assessment (EYE-DA)*), and school-based planning – helping create stronger links between preschool services and the education system. However, even within this integrated model, some disability supports continue to operate through separate systems, suggesting that structural integration does not fully eliminate fragmentation.

The third model was a **health-preschool/education-school split model**, most evident in Newfoundland and Labrador, where preschool supports are coordinated through Newfoundland and Labrador Health Services and school-based services are coordinated through the Newfoundland and Labrador School District. This structure creates a distinct transition point at school entry, where responsibility for supports shifts between systems.

Importantly, fragmentation was not determined solely by the number of ministries involved. Jurisdictions with similar governance structures differed considerably in their approaches to coordination, referral pathways, and service continuity. The mapping suggests a more nuanced reality than simple ministerial division: in several jurisdictions, programs located within the same ministry or department operated through separate eligibility processes, referral pathways, and service structures. Multi-ministry fragmentation was universal across Canada; however, some of the most significant fragmentation occurred within ministries rather than between them. Departments sharing a ministerial home did not automatically share information, referral pathways, or service coordination mechanisms. Structural proximity did not necessarily translate into functional coordination.

Key Insight: Fragmentation is a universal feature of developmental support systems across Canada. The primary source of variation lies not only in how responsibilities are distributed across ministries, but also in how effectively programs are coordinated within and across organizational structures. Simply placing programs within the same ministry does not guarantee that services will work together effectively.

Table 1. Governance and Coordination Models for Developmental, Disability, and Early Childhood Intervention Systems in Canada

Province / Territory	Lead Sector(s)	Ministries Involved	Structural Model	Eligibility Approach	School Entry Transition	Care Coordination Features
British Columbia	Health Social Services Education	Ministry of Children and Family Development (CYSN - Children and Youth with Support Needs); Ministry of Health; Ministry of Education and Child Care	Multi-ministry parallel	Mixed (needs-based early intervention; diagnosis-based disability supports)	Partial continuity; notable speech-language pathology handover gap	CYSN functions as the primary disability hub, but no coordinated entry system exists
Alberta	Social Services Health Education	Ministry of Assisted Living and Social Services (FSCD - Family Support for Children with Disabilities); Alberta Health Services (AHS); Ministry of Education and Childcare	Multi-ministry parallel	Mixed, with strong needs-based elements and assessment requirements for some educational pathways	Early Childhood Services supports transitions into school; however, responsibility for rehabilitation services may remain distributed across health, education, community rehabilitation, and independent service providers, creating multiple transition pathways for families	FSCD, AHS, Family Resource Networks, Education and Childcare, and independent Early Childhood Services operators function through parallel systems with limited formal coordination
Saskatchewan	Education Health Social Services	Ministry of Education (ECIP - Early Childhood Intervention Program); Saskatchewan Health Authority (SHA); Ministry of Social Services (CLSD - Community Living Service Delivery)	Multi-ministry parallel	Mixed	Significant therapy handover gap between health and school systems	Limited formal coordination between Education and Health
Manitoba	Social Services Education Health	Department of Families (CDS - Children's disABILITY Services); Department of Education; Department of Health	Multi-ministry parallel	Primarily diagnosis-based	Strong continuity through Children's Therapy Network	Strongest rehabilitation continuity identified
Ontario	Social Services Education Health	Ministry of Children, Community and Social Services (MCCSS); Ministry of Education; Ministry of Health	Multi-ministry parallel	Mixed (needs-based and diagnosis-based programs coexist)	Multiple transition pathways; structured autism transition supports	SmartStart Hubs and Coordinated Service Planning provide partial coordination

Quebec	Health Education Family	Ministry of Health and Social Services (MSSS); Integrated University Health and Social Services Centres (CUISSS); Ministry of Education; Ministry of Families	Multi-ministry parallel	Mixed tiered system (<i>Agir tôt</i> is needs-based; specialized rehabilitation is diagnosis-based)	Structured transition planning and coordinated entry pathways	Most developed coordinated-entry model identified
New Brunswick	Education Social Services	Department of Education and Early Childhood Development (EECD); Department of Social Development	Consolidated education-led	Primarily needs-based	Structured transition supported by Early Years Evaluation-Direct Assessment (EYE-DA) and Personalized Learning Plans (PLPs)	Strong integration within EECD
Nova Scotia	Social Services Education	Department of Community Services (DCS); Department of Education and Early Childhood Development (EECD)	Multi-ministry parallel	Primarily needs-based	Transition planning embedded within Nova Scotia Early Childhood Development Intervention Services and the pre-primary system	Strong inter-ministerial collaboration
Prince Edward Island	Education Social Services Health	Department of Education and Early Years; Department of Social Development and Housing; Health PEI	Multi-ministry parallel	Mixed	Partial continuity for autism services; rehabilitation services remain separate	Limited centralized coordination
Newfoundland and Labrador	Health Education	Newfoundland and Labrador Health Services (NLHS); Department of Education	Health-preschool / education-school split	Primarily needs-based early intervention	Significant handover between preschool health services and school services	School entry represents the primary structural gap
Northwest Territories	Education Health	Department of Education, Culture and Employment (ECE); Department of Health and Social Services (HSS)	Multi-ministry parallel	Primarily needs-based	Transition supported through the Early Childhood Intervention Program, but service availability remains constrained	Jordan's Principle plays a major role in access
Yukon	Health Education	Department of Health and Social Services (HSS); Child Development Centre Yukon (CDC); Department of Education	Multi-ministry parallel	Primarily needs-based	Explicit transition planning but separate preschool and school systems	CDC Yukon serves as the primary entry point
Nunavut	Education Health	Department of Education; Department of Health	Multi-ministry parallel	Service availability rather than eligibility is the primary challenge	No formal transition structure; significant service gaps	No coordinated-entry system and limited specialized services

Please Note: This table summarizes jurisdiction-level patterns identified through analysis of 73 developmental, disability, and early childhood intervention programs and services across all 13 Canadian PT. Three broad structural models emerged from the mapping: multi-ministry parallel, consolidated education-led, and health-preschool/education-school split. Categories reflect dominant system characteristics and may not capture all regional variation within jurisdictions.

2. Continuum of supports: Services exist across jurisdictions, but continuity is uneven

All PT offer developmental, early intervention, and disability supports along a continuum ranging from developmental monitoring and screening to targeted intervention and specialized rehabilitation services. However, no jurisdiction demonstrated a fully integrated system in which children and families could move seamlessly between levels of support. The structural arrangements summarized in Table 1 illustrate this variation, as services are often distributed across multiple ministries and delivery systems.

Variation was particularly evident at the universal level. Some jurisdictions implemented population-based approaches to developmental monitoring and early identification. Quebec's *Agir tôt* program integrates developmental monitoring into routine healthcare encounters, while New Brunswick's *Early Years Evaluation - Direct Assessment (EYE-DA)* provides a province-wide developmental screening process before kindergarten entry. Ontario's *Healthy Babies Healthy Children (HBHC)* program similarly provides universal postnatal screening and targeted follow-up through local public health units. In many other jurisdictions, developmental concerns are identified primarily through referrals from healthcare providers, educators, or families.

Targeted early intervention programs formed the foundation of developmental support systems across Canada. Examples include Ontario's *Infant and Child Development Program (ICDP)*, British Columbia's *Early Intervention Therapies (EIT)*, Saskatchewan's *Early Childhood Intervention Program (ECIP)*, Nova Scotia's *Nova Scotia Early Childhood Development Intervention Services (NSECDIS)*, New Brunswick's *Early Intervention Program (EIP)*, and the Northwest Territories' *Early Childhood Intervention Program*. These programs support children and families before school entry, but vary considerably in eligibility criteria, service intensity, and transition planning processes.

Programs also differed in their primary focus. Some were designed to support child development and functioning, such as occupational therapy, physiotherapy, speech-language pathology, and behavioural intervention services. Others focused on supporting family capacity through funding, respite, or case management programs, including Alberta's *FSCD*, Manitoba's *Children's disABILITY Services (CDS)*, and Newfoundland and Labrador's *Special Child Welfare Allowance*. A third group of programs focused on strengthening system capacity through childcare inclusion funding and educator supports, such as British Columbia's *Supported Child Development Program* and provincial childcare inclusion initiatives. Because these different types of supports are often delivered through separate ministries or service systems, families may need to navigate multiple programs at the same time.

Key Insight: Although developmental support systems encompass a broad range of services, continuity between levels of support remains uneven. The challenge is not the absence of supports, but how well those supports connect to one another. Most jurisdictions offer supports across the continuum of care, but children and families often move between separate programs and systems rather than through a coordinated pathway from early identification to school entry.

3. Eligibility and access: Needs-based and diagnosis-based approaches coexist

The most significant variation identified across PT was not the availability of services, but the criteria used to access them. Two broad approaches emerged: programs based on developmental concerns or functional needs, and programs requiring a confirmed diagnosis.

Many early intervention programs operate using a needs-based approach. Programs such as Ontario's *ICDP*, British Columbia's *EIT*, Saskatchewan's *ECIP*, Nova Scotia's *NSECDIS*, New Brunswick's *EIP*, Quebec's *Agir tôt*, and the Northwest Territories' *ECIP* allow children to access supports based on

developmental concerns rather than diagnostic status. These models allow children to enter services earlier and reduce reliance on specialist assessment processes as a prerequisite for support.

In contrast, a number of specialized programs require a confirmed diagnosis before services can be accessed. Examples include Ontario's *Ontario Autism Program (OAP)*, Prince Edward Island's *AccessAbility Supports Program*, and autism-specific funding programs in British Columbia, Saskatchewan, and New Brunswick. In these cases, access to services is contingent upon successful navigation of diagnostic assessment systems before eligibility can be established.

The implications extend beyond administrative eligibility processes. Because access to diagnostic assessment varies across jurisdictions, diagnosis-based eligibility can affect how quickly children receive supports. Wait times, geographic location, and access to private assessment services may all influence when a child becomes eligible for specialized programs. Several jurisdictions have introduced mechanisms that provide more flexibility for children awaiting diagnosis; however, diagnosis-dependent eligibility remains a defining feature of many specialized support programs.

Key Insight: Needs-based and diagnosis-based eligibility models coexist across Canada, reflecting different approaches to service access. The key difference is that needs-based programs focus on the supports a child requires, while diagnosis-based programs focus on whether a child meets specific diagnostic criteria. As a result, access to specialized services is often shaped not only by a child's needs, but also by how and when a diagnosis is obtained.

4. School entry: A critical point of system discontinuity

The transition from early childhood services into kindergarten emerged as one of the most significant structural challenges identified. As illustrated in Table 1, responsibility for developmental supports frequently shifts between ministries at school entry, particularly in jurisdictions characterized by health-preschool and education-school service structures. Although developmental supports are available before school entry in every PT, formal mechanisms to ensure continuity into the education system remain limited.

Transition planning processes varied considerably across jurisdictions. New Brunswick demonstrated one of the most structured approaches through the *EYE-DA* process, which links developmental screening with school-based planning through a Personalized Learning Plan. Ontario's *Ontario Autism Program Entry to School* initiative similarly provides a formalized transition process for eligible children with autism. In most jurisdictions, however, transition planning relies on local procedures, individual service providers, or informal collaboration across agencies.

Discontinuity was particularly evident for rehabilitation services. In many PT, preschool occupational therapy, physiotherapy, and speech-language pathology services are funded through health systems, while school-based therapy services are funded and organized through education systems. As a result, children may experience changes in providers, service models, eligibility requirements, or referral processes when they enter school. In Alberta, rehabilitation services may continue through community-based rehabilitation and health services after school entry, while educational supports are delivered through Early Childhood Services and school-based systems. As a result, families may need to navigate multiple service streams to maintain continuity of care.

Rehabilitation service continuity emerged as one of the most consistent gaps across jurisdictions. In most PT, preschool and school-based rehabilitation services operate as separate programs with different funding streams, administrative structures, and referral pathways. As a result, children often move between systems rather than experiencing a continuous service pathway. Formal processes for transferring services, information, or responsibility at school entry were uncommon, increasing the risk of

service interruptions during a critical developmental period. Manitoba represented a notable exception. Through *Children's disABILITY Services (CDS)* and the *Children's Therapy Network*, therapy supports can continue across the transition to school without a change in funding source or administrative responsibility. This model demonstrates how continuity can be strengthened when responsibility for services remains stable across developmental transitions.

Key Insight: School entry is one of the most significant points of disruption within developmental support systems. Across most jurisdictions, responsibility for services changes at this stage, yet formal processes to support continuity and information sharing remain limited. As a result, children and families often experience transitions between systems rather than seamless transitions between services.

5. Care coordination and navigation: Families remain the primary coordinators of care

Despite the complexity of developmental support systems, formal care coordination and centralized navigation mechanisms were relatively uncommon across jurisdictions. Quebec demonstrated one of the most developed coordinated-entry systems through *Agir tôt* and the *Guichet d'accès ID-TSA-DP-DI* process for specialized rehabilitation services. Ontario's *SmartStart Hubs* similarly provide centralized developmental screening, navigation, and referral support for families seeking services. In New Brunswick, the integration of early intervention (i.e., *EIP*), developmental screening (i.e., *EYE-DA*), childcare services, and school-based planning within a single ministry reduces the need for families to navigate multiple administrative systems.

In most other jurisdictions, coordination mechanisms were limited to specific programs or service areas rather than operating across the broader developmental support system. Consistent with the multi-ministry structures summarized in Table 1, families in most jurisdictions continue to play the primary role in coordinating referrals, managing transitions, sharing information between providers, and navigating eligibility requirements across multiple ministries and service sectors. As a result, coordination often depends on local practices, provider relationships, and individual knowledge of the system rather than formal structures designed to connect services across sectors. This means that families are frequently responsible for ensuring information is shared, referrals are completed, and supports remain connected over time.

Key Insight: Formal care coordination remains one of the least developed components of developmental support systems in Canada. While some jurisdictions have implemented centralized entry points or navigation services, most families continue to act as the primary coordinators of care, connecting programs and services that are not systematically connected to one another.

Synthesis of Findings

Across Canadian PT governments, developmental, early intervention, and disability support systems share a common challenge: services exist across the continuum of care, but they are frequently organized across multiple ministries, eligibility frameworks, and service sectors. As demonstrated in Table 1, governance structures vary considerably across jurisdictions; however, common patterns emerge, including fragmented responsibility, uneven continuity across the continuum of care, variation in eligibility approaches, challenges during school transition, and limited formal care coordination.

The findings suggest that the primary challenge is not the absence of programs and services, but the extent to which they are connected. Supports existed at most points along the developmental continuum; however, coordination between programs, ministries, and sectors varied considerably. While responsibility for services was distributed across multiple ministries in every jurisdiction, the most significant differences emerged in how responsibilities, information, and services were coordinated across systems. As a result, children and families often experienced developmental support systems as a collection of separate programs rather than a coordinated pathway from early identification through

school entry. The most important difference between jurisdictions was not how many programs they offered, but how effectively ministries, sectors, and services worked together to support children and families.

POLICY IMPLICATIONS AND EQUITY CONSIDERATIONS

Coordination across ministries matters as much as service availability

A central finding is that developmental, early intervention, and disability programs and supports exist across all PT governments, but they are often distributed across multiple ministries, eligibility frameworks, and service sectors. The primary challenge identified was not the absence of programs, but the extent to which programs were connected to one another. Across jurisdictions, how ministries coordinate services may be as important to families' experiences as the number or type of services available.

Governance structure alone does not determine the degree of integration experienced by children and families. Jurisdictions with responsibilities distributed across multiple ministries were not necessarily less coordinated than those with services housed within a single ministry. Similarly, placing programs within a common ministerial structure does not automatically result in shared referral pathways, information exchange, or service continuity. As demonstrated in the findings, some of the most significant fragmentation occurred within ministries rather than between them. This highlights the importance of operational mechanisms that support coordination across services and sectors. Strengthening referral pathways, data-sharing processes, care coordination models, and transition planning mechanisms may be as important as broader structural reforms when seeking to improve system integration.

School entry represents an important opportunity for system improvement

The transition from early childhood services into kindergarten emerged as one of the most consistent points of discontinuity across jurisdictions. While developmental supports are available before school entry in every PT, formal mechanisms to support continuity into the education system remain limited.

The findings suggest that transition planning represents an important opportunity for system improvement. Across most jurisdictions, school entry represents a major handover point between systems. However, formal processes to transfer information, coordinate services, and support continuity of care are often limited or absent. Existing approaches in New Brunswick, Manitoba, and Ontario demonstrate that more structured transition processes can be implemented within a variety of governance arrangements and may provide useful examples for future policy development.

The mapping also identified rehabilitation services as a particular area of vulnerability during this transition. In many jurisdictions, occupational therapy, physiotherapy, and speech-language pathology services operate through separate preschool and school-based systems. As responsibility shifts between sectors, children and families may encounter changes in providers, eligibility requirements, service models, or referral processes. These findings highlight the importance of strengthening continuity across health and education systems when considering school readiness, inclusion, and long-term participation. More broadly, continuity at school entry is not solely an administrative issue. Developmental supports are often built around relationships among children, families, and providers. Interruptions in services or transitions between systems may therefore affect both formal service access and the continuity of support experienced by children and families.

Access to supports may be influenced as much by eligibility design as service availability

The coexistence of needs-based and diagnosis-based eligibility approaches highlights fundamentally different pathways to service access across Canada. While needs-based programs allow children to enter services based on developmental concerns, diagnosis-based programs require families to first navigate assessment systems before access can be granted.

Eligibility design has important implications for equity and early intervention. Because diagnostic assessment capacity varies across jurisdictions, diagnosis-based access may create differences in who can obtain supports, when they can obtain them, and how long they wait. Needs-based approaches, by contrast, may enable earlier access to intervention and reduce delays associated with formal diagnosis. The mapping does not suggest that diagnosis-based programs should be replaced entirely. Rather, it highlights how eligibility criteria shape access to services and influence the extent to which developmental support systems respond to children's needs at the earliest possible stage. The findings further indicate that developmental supports may be most accessible when systems recognize functional and developmental concerns alongside formal diagnostic categories.

Equity considerations

Several equity considerations emerged across the findings and warrant attention in future policy and systems discussions.

Geographic equity

Access to developmental, early intervention, and disability services varies substantially across Canadian PT. Families living in rural, remote, and northern regions often face reduced service availability, longer travel requirements, and workforce shortages. In jurisdictions such as Nunavut and the Northwest Territories, limited-service infrastructure may restrict access to specialized supports regardless of how programs are organized. These findings suggest that service availability remains a foundational equity issue that cannot be addressed through coordination mechanisms alone.

Indigenous children and families

Service pathways for Indigenous children may involve federal, PT, and community-governed systems simultaneously. Although mechanisms such as Jordan's Principle play an important role in supporting access to services, the findings suggest that coordination across these systems remains an ongoing consideration. Meaningful engagement with Indigenous governments, organizations, and communities will be essential when considering improvements to service coordination and access, given the distinct governance structures through which services are delivered.

Children awaiting diagnosis or outside traditional diagnostic categories

Children with developmental concerns who do not yet have a formal diagnosis, or whose needs fall outside established diagnostic categories, may face barriers in systems where diagnosis determines eligibility. As highlighted in the findings, this may affect access to specialized services and may create inequities related to assessment availability, geography, and family resources. These barriers may be particularly significant during periods of high demand or lengthy assessment wait times.

Access does not necessarily mean inclusion

The findings of this mapping should also be interpreted within a broader policy context. The presence of programs and services does not guarantee equitable access or participation. Routhier and colleagues (2025) found no legally binding requirements obligating childcare providers to admit or accommodate children with disabilities within the jurisdictions reviewed. As a result, access may depend not only on service availability, but also on local provider capacity, workforce expertise, funding, and willingness to support inclusion. This finding suggests that improving developmental support systems requires attention to both service organization and the accessibility and inclusiveness of the environments in which children receive services.

Key Policy Takeaway

Taken together, the findings suggest that future improvements to developmental, early intervention, and disability support systems may depend less on creating new programs and more on strengthening the connections between existing ones. Across jurisdictions, children and families often encounter systems that are rich in services but fragmented in their organization. Enhancing coordination, supporting continuity during key transitions, and reducing unnecessary barriers to access may therefore represent important opportunities to improve the experience of children and families navigating developmental support systems across Canada. More fundamentally, the findings suggest that the effectiveness of developmental support systems is shaped not only by the services they provide, but also by how well ministries, sectors, and programs work together. Improving coordination across systems may therefore be as important as expanding the availability of individual services.

CONCLUSION AND KNOWLEDGE GAPS

This study provides the first comprehensive cross-jurisdictional mapping of developmental, early intervention, and disability supports for young children across all 13 Canadian PT governments. By documenting programs and services and examining their governance structures, eligibility approaches, transition processes, and coordination mechanisms, the mapping establishes a national structural baseline for understanding how developmental support systems are organized during the critical period from birth to school entry.

Several common patterns emerged across jurisdictions. All PT governments offered programs and services intended to support young children with developmental concerns, disabilities, or support needs. However, services were consistently distributed across multiple ministries and sectors, resulting in fragmented pathways that required families to navigate complex systems. While jurisdictions differed in the extent to which they coordinated services, the findings suggest that fragmentation is a shared characteristic of developmental support systems across Canada. The most significant variation was not whether supports existed, but how effectively children and families could move between them.

A central finding of this work is that fragmentation is universal across developmental support systems, but fragmentation takes different forms. While responsibility for supports is distributed across multiple ministries in every PT, the most significant barriers frequently arise not simply from ministerial division, but from limited coordination between programs, departments, and sectors. The findings therefore suggest that the experience of families is shaped as much by how systems connect as by where services are situated organizationally.

The transition from early childhood services into the school system emerged as a particularly important point of discontinuity. Across most jurisdictions, responsibility for services shifted between systems at school entry, while formal mechanisms to support continuity remained limited. At the same time, examples from New Brunswick, Manitoba, Quebec, and Ontario demonstrate that more coordinated approaches are possible within a range of governance structures. These jurisdictions illustrate different pathways toward improving continuity, navigation, and access without requiring a single national model.

Taken together, the findings suggest that the effectiveness of developmental support systems depends not only on the services available, but also on how well those services are connected. Examples identified in New Brunswick, Manitoba, Quebec, and Ontario suggest that coordinated entry pathways, structured transition planning, formal information-sharing processes, and integrated navigation models may represent promising approaches for strengthening continuity across systems. Enhancing coordination across ministries, supporting continuity during key transitions, and reducing barriers to access may help families experience developmental supports as a coherent pathway rather than as a collection of separate programs.

Knowledge Gaps

Despite providing a national structural overview, this study also highlights several important gaps in the evidence base.

Family and child experiences

This mapping documents how systems are organized but does not capture how children and families experience those systems in practice. Additional research is needed to understand how families navigate services across ministries and sectors, particularly during key transition points such as school entry. Qualitative and institutional ethnographic approaches may be particularly valuable for examining how policies and program structures are experienced in everyday contexts.

Outcomes associated with different system structures

Although jurisdictions vary considerably in governance structures, coordination mechanisms, and eligibility approaches, little evidence exists regarding how these differences affect developmental, educational, or family outcomes. Comparative outcome data would strengthen understanding of which structural features are most strongly associated with positive experiences and outcomes for children and families. Future research could also examine how funding arrangements, resource allocation, and accountability structures influence coordination across ministries and sectors, as well as access to developmental and disability-related supports.

Children who miss the early intervention window

The present work focused on services available from birth to approximately six years of age. Less is known about what happens to children who experience delayed identification, long assessment wait times, limited service availability, or other barriers to accessing supports before school entry. Understanding how developmental needs are addressed after school entry represents an important area for future research.

Children in care

Children in care represent an important population that was outside the scope of this study. Children involved with child welfare systems often experience elevated rates of developmental, behavioural, and mental health challenges associated with trauma, attachment disruptions, and adverse childhood experiences. Future research could examine how developmental, disability, and early intervention systems interact with child welfare services and whether existing programs adequately support children in care during early childhood and school transitions.

Coordination in practice

This mapping documents the formal structures through which services are organized, but it cannot fully assess how coordination occurs in practice. Future research examining information sharing, referral patterns, and collaboration between providers and ministries would provide a more complete understanding of how developmental support systems function on a day-to-day basis.

Indigenous-specific service pathways

The scope of this study focused primarily on PT systems. A dedicated examination of Indigenous-led, community-governed, and federally-funded developmental support services would provide a more complete understanding of the early childhood service landscape in Canada and help identify opportunities to strengthen coordination across systems.

In summary, this mapping provides a foundation for future policy, research, and systems-level discussions regarding developmental and early intervention services in Canada. By documenting how

services are organized across jurisdictions, it offers a starting point for examining not only what supports are available, but also how ministries, programs, and service sectors can better coordinate to promote continuity, equitable access, and improved experiences for young children and their families.

APPENDICES

Appendix A: Program and Service Reference Guide

Appendix B: Visual matrix (forthcoming)

APPENDIX A: Program and Service Reference Guide

Purpose

This appendix provides an overview of the developmental, disability, and early childhood intervention programs and services identified through the cross-jurisdictional mapping. Programs are organized by jurisdiction and include the primary ministry responsible, program type, and a brief description of their purpose and role within the broader service system. The guide is intended as a reference to support interpretation of the report findings and does not represent a comprehensive inventory of all local or regional services.

British Columbia

Program / Service	Type	Ministry / Department	Description
Infant Development Program (IDP)	Early intervention	Ministry of Children and Family Development (MCFD) – Children and Youth with Support Needs (CYSN)	Home-based early intervention for infants and toddlers with or at risk of developmental delay. No diagnosis required.
Aboriginal Infant Development Program (AIDP)	Indigenous early intervention	MCFD – CYSN	Culturally adapted early intervention program for Indigenous children and families.
Supported Child Development (SCD)	Inclusion support	MCFD – CYSN	Supports participation of children with additional needs in licensed childcare settings.
Aboriginal Supported Child Development (ASCD)	Indigenous inclusion support	MCFD – CYSN	Indigenous stream of Supported Child Development delivered through Indigenous organizations.
Early Intervention Therapy (EIT) Program	Rehabilitation / early intervention	MCFD – CYSN	Community-based occupational therapy, physiotherapy, speech-language pathology, and family support services.
School-Aged Therapy (SAT) Program	School-based therapy	MCFD / Ministry of Education and Child Care	School-based occupational therapy and physiotherapy services for eligible students.
BC Children and Youth Disability Benefit	Direct funding	MCFD – CYSN	Direct funding for families of children with significant disabilities.
BC Children and Youth Disability Supplement	Direct funding	MCFD – CYSN	Income-tested supplement for eligible families of children with disabilities.
At Home Program	Specialized supports	MCFD – CYSN	Supports children with severe disabilities or complex health needs through respite and related services.
Autism Funding Program	Direct funding	MCFD – CYSN	Funding to support services and therapies for children and youth with autism spectrum disorder.
FASD Key Worker Program	Navigation / case management	MCFD – CYSN	Provides information, navigation, and coordination supports for families of children with Fetal Alcohol Spectrum Disorder.
BC Autism Assessment Network (BCAAN) / CDBC Network	Diagnostic assessment	MCFD and Provincial Health Services Authority	Publicly funded diagnostic assessment services for autism and complex developmental conditions.

Alberta

Program / Service	Type	Ministry / Department	Description
Family Support for Children with Disabilities (FSCD)	Disability supports / funding	Ministry of Children and Family Services	Alberta's primary disability support program providing funding, case management, respite, and family supports for children with disabilities. Children awaiting diagnosis may be eligible for some services.
Early Childhood Intervention Program (ECIP)	Early intervention	Alberta Health Services	Home-based early intervention for children with developmental concerns or disabilities from birth to approximately 3.5 years of age. Program eligibility is based on developmental concerns rather than a formal diagnosis.
Early Childhood Services (ECS)	Pre-K inclusion	Ministry of Education and Childcare	Early learning and educational supports for children with identified support needs. Specialized supports generally require assessment and may be delivered through school authorities or independent Early Childhood Services operators.
Individualized Program Plan (IPP)	Educational planning	Ministry of Education and Childcare	Formal educational planning process for students requiring additional educational supports.
Family Resource Networks (FRNs)	Early intervention and caregiver supports	Ministry of Assisted Living and Social Services (ALSS)	Community-based hubs providing parenting support, developmental promotion, caregiver education, service navigation, and connections to community resources.
Pediatric Community Rehabilitation Services	Rehabilitation and assessment	Alberta Health Services	Community-based occupational therapy, physiotherapy, speech-language pathology, psychology, pediatric home care, and tertiary rehabilitation services for children with developmental and physical disabilities.

Saskatchewan

Program / Service	Type	Ministry / Department	Description
Early Childhood Intervention Program (ECIP)	Early intervention	Ministry of Education	Family-centred support for children at risk of or experiencing developmental delay.
ASD Individualized Funding Program	Direct funding	Ministry of Health and Ministry of Social Services	Funding to support services for children with autism spectrum disorder.
Community Living Service Delivery (CLSD)	Disability supports	Ministry of Social Services	Case management and supports for individuals with intellectual disabilities and their families.

Saskatchewan Health Authority Therapy Services	Rehabilitation	Ministry of Health	Occupational therapy, physiotherapy, speech-language pathology, and related rehabilitation supports.
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Manitoba

Program / Service	Type	Ministry / Department	Description
Children's disABILITY Services (CDS)	Disability supports	Department of Families	Case management and supports for children and youth with disabilities and their families.
Children's Therapy Network of Manitoba	Rehabilitation	Department of Families	Occupational therapy, physiotherapy, and speech-language pathology services for eligible children.
Child Care Inclusion Support Program	Inclusion support	Department of Families	Funding to support inclusion of children with additional needs in childcare settings.

Ontario

Program / Service	Type	Ministry / Department	Description
Healthy Babies Healthy Children (HBHC)	Universal screening	Ministry of Children, Community and Social Services and Ministry of Health	Universal screening and prevention program that provides referral pathways to developmental and disability-related services.
Infant and Child Development Program (ICDP)	Early intervention	Ministry of Children, Community and Social Services	Home-based early intervention for children with developmental disabilities or identified developmental risks.
Infant Hearing Program (IHP)	Early intervention	Ministry of Children, Community and Social Services	Universal newborn hearing screening and early intervention services for children with hearing loss.
Preschool Speech and Language (PSL) Program	Speech and language services	Ministry of Children, Community and Social Services	Community-based speech-language pathology services for preschool children.
Blind-Low Vision (BLV) Services	Sensory supports	Ministry of Children, Community and Social Services	Specialized services for preschool children with visual impairments.
Ontario Autism Program (OAP)	Autism supports	Ministry of Children, Community and Social Services	Provincial autism program that provides services and supports for children and youth with autism spectrum disorder.
OAP Entry to School (ETS) Program	School transition program	Ministry of Children, Community and Social Services and Ministry of Education	Transition-focused autism program supporting school readiness for children entering Kindergarten.
SmartStart Hubs	Navigation / coordinated entry	Ministry of Children, Community and Social Services	Single-entry navigation hubs connecting families to developmental and disability services.
Community-Based Rehabilitation Services (CRS)	Rehabilitation services	Ministry of Children, Community and Social Services	Occupational therapy, physiotherapy, and speech-language pathology services delivered through Children's Treatment Centres.

Special Services at Home (SSAH)	Direct funding	Ministry of Children, Community and Social Services	Funding for services and supports that help children and youth with disabilities participate at home and in the community.
Coordinated Service Planning (CSP)	Care coordination	Ministry of Children, Community and Social Services	Service coordination for children and youth with multiple and complex special needs.
IPRC / IEP Process	Educational planning	Ministry of Education	Identification and educational planning process for students requiring special education supports.

Quebec

Program / Service	Type	Ministry / Department	Description
Agir tôt	Early identification and intervention	Ministère de la Santé et des Services sociaux	Universal developmental screening, early identification, and intervention program for young children.
CRDI Services	Specialized rehabilitation	Ministère de la Santé et des Services sociaux	Rehabilitation services for individuals with intellectual disabilities and autism spectrum disorder.
CRDP Services	Specialized rehabilitation	Ministère de la Santé et des Services sociaux	Rehabilitation services for individuals with physical disabilities.
Guichet d'accès ID-TSA-DM	Coordinated entry and intake	Ministère de la Santé et des Services sociaux	Centralized referral and intake mechanism for specialized rehabilitation services related to intellectual disability, autism spectrum disorder, and physical disability.
Childcare Integration Allowance	Inclusion support	Ministère de la Famille	Funding to support inclusion of children with disabilities in regulated child care settings.
Exceptional Assistance Measure for Integration into Childcare	Inclusion support	Ministère de la Famille	Additional support for children with high support needs in regulated child care settings.
Plan d'intervention (PI)	Educational planning	Ministère de l'Éducation	School-based planning document for students requiring educational supports.

New Brunswick

Program / Service	Type	Ministry / Department	Description
Early Intervention Program (EIP)	Early intervention	Department of Education and Early Childhood Development	Family-centred early intervention for children at risk of developmental delay.
Early Years Evaluation – Direct Assessment (EYE-DA)	Developmental screening	Department of Education and Early Childhood Development	Universal developmental screening tool administered before school entry.

Preschool Autism IBI Program	Autism intervention	Department of Education and Early Childhood Development	Intensive behavioural intervention for preschool children with autism spectrum disorder.
Family Supports for Children with Disabilities (FSCD)	Disability supports	Department of Social Development	Social work and financial supports for children with disabilities and their families.
Personalized Learning Plan (PLP)	Educational planning	Department of Education and Early Childhood Development	School-based planning process used to identify and coordinate educational supports.

Nova Scotia

Program / Service	Type	Ministry / Department	Description
Nova Scotia Early Childhood Development Intervention Services (NSECDIS)	Early intervention	Department of Community Services and Department of Education and Early Childhood Development	Province-wide home and community-based early intervention services.
Pre-primary Program	Universal pre-K	Department of Education and Early Childhood Development	Universal pre-primary program delivered through public schools.
Individual Program Plan (IPP)	Educational planning	Department of Education and Early Childhood Development	Educational planning process for students requiring additional supports.
Atlantic Provinces Special Education Authority (APSEA)	Sensory supports	Atlantic Provinces Partnership	Specialized services for children and youth with sensory impairments.

Prince Edward Island

Program / Service	Type	Ministry / Department	Description
Early Years Autism Services	Autism intervention	Department of Education and Early Years	Autism-specific intervention services that continue into kindergarten settings.
AccessAbility Supports Program	Disability supports	Department of Social Development and Housing	Disability support program providing services and funding for eligible Islanders with disabilities.
Special Needs Grant for Licensed Early Childhood Centres	Inclusion support	Department of Education and Early Years	Supports inclusion of children with additional needs in licensed childcare environments.
Preschool Speech Services	Rehabilitation services	Health PEI	Speech-language pathology services for preschool children.
Atlantic Provinces Special Education Authority (APSEA)	Sensory supports	Atlantic Provinces Partnership	Specialized services for children and youth with sensory impairments.

Newfoundland and Labrador

Program / Service	Type	Ministry / Department	Description
Early Intervention / Intervention Services	Early intervention	Department of Health and Community Services	Early intervention services for preschool children with developmental concerns or disabilities.

Intensive ABA Home Therapy	Autism intervention	Department of Health and Community Services	Intensive behavioural intervention for children with autism spectrum disorder.
Special Child Welfare Allowance (SCWA) Program	Financial support	Department of Health and Community Services	Financial assistance program for eligible families of children with disabilities.
Inclusive Education / IEP	Educational planning	Department of Education	School-based inclusive education planning and supports.
Atlantic Provinces Special Education Authority (APSEA)	Sensory supports	Atlantic Provinces Partnership	Specialized services for children and youth with sensory impairments.

Northwest Territories

Program / Service	Type	Ministry / Department	Description
Early Childhood Intervention Program (ECIP)	Early intervention	Department of Education, Culture and Employment and Department of Health and Social Services	Territory-wide early intervention program for children with developmental concerns or disabilities.
Aboriginal Head Start	Indigenous early learning	Indigenous Services Canada and Department of Education, Culture and Employment	Early learning program supporting Indigenous children's development and school readiness.
Supporting Child Inclusion and Participation Program	Inclusion support	Department of Education, Culture and Employment	Grant program supporting inclusion within early learning and community settings.

Yukon

Program / Service	Type	Ministry / Department	Description
Child Development Centre (CDC Yukon)	Early intervention / rehabilitation	Department of Health and Social Services	Multi-disciplinary centre providing assessment, therapy, family support, and school transition planning.
Family Supports for Children with Disabilities	Disability supports	Department of Health and Social Services	Funding and supports for families of children with disabilities.
Student Support Services	School-based supports	Department of Education	School-based supports including therapy, psychology, and educational planning services.

Nunavut

Program / Service	Type	Ministry / Department	Description
Regulated Child Care – Division of Early Learning and Child Care	Child care	Department of Education	Regulates and supports licensed child care services across Nunavut.
Department of Health Rehabilitation Services	Rehabilitation services	Department of Health	Provides occupational therapy, physiotherapy, and speech-language pathology services through regional health centres.

Telehealth / Southern Referral Services	Specialized assessment and therapy access	Department of Health	Mechanism through which specialized services unavailable within Nunavut are accessed through telehealth or referral outside the territory.
Nunavummi Disabilities Makinnasuaqtiit Society (NDMS)	Advocacy and navigation	Community Organization	Community-based disability advocacy, navigation, and support organization.

REFERENCES

- Alsaïdalani, R. K., & Rakap, S. (2026). The kindergarten transition for children with disabilities: A systematic review and thematic analysis of parents' perspectives, early intervention practices, and implementation gaps. *Education Sciences*, 16(7), 1164. <https://doi.org/10.3390/educsci16071164>
- Basualto, P., Senevirathna, A. M., Seth, A., Dimitropoulos, G., & Zwicker, J. D. (2026). Improving equitable access to disability services and support for children with neurodevelopmental disabilities: Service provider and decision-maker perspectives. *Child: Care, Health and Development*, 52(1). <https://doi.org/10.1111/cch.70213>
- Brushett, A., Macaulay, H., Touchette, I., Kenney, S., & Whalen, C. (2026). Understanding school-based rehabilitation services through the lived experiences of children and youth with disabilities: A meta-aggregative review. *Frontiers in Public Health*. <https://doi.org/10.3389/fpubh.2026.1745224>
- Edwards, J., Kamali, M., Georgiades, S., Waddell, C., & Georgiades, K. (2022). Provincial and territorial variation in barriers in accessing healthcare for children and youth with mental and neurodevelopmental health concerns in Canada. *Canadian Journal of Psychiatry*, 67(11), 868–870. <https://doi.org/10.1177/07067437221114005>
- Finlay, B., Ragot, S., Lach, L. M., & Zwicker, J. D. (2024–2025). Disability policy in Canada: Provincial and territorial report. Kids Brain Health Network (KBHN) / Disability Policy Research Program, University of Calgary. <https://kidsbrainhealth.ca>
- Government of Canada. (2019). Accessible Canada Act (S.C. 2019, c. 10). Parliament of Canada.
- Government of Canada. (2022). Disability inclusion action plan. Employment and Social Development Canada.
- Kerr, S., Findlay, L. C., & Arim, R. (2024). Child care for young children with disabilities. *Health Reports*, 35(10), 27–37. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2024010/article/00003-eng.htm>
- Leif, E., Berger, E., Allen, K.-A., Fox, R., Feinberg, A., Chen, L., & Ng, A. (2025). Supporting the transition of children with developmental disabilities into their first year of schooling: A scoping review and recommendations for practice. *International Journal of Developmental Disabilities*. <https://doi.org/10.1080/20473869.2025.2541231>
- National Exclusion Tracker. (n.d.). Report an exclusion. <https://exclusiontracker.com>
- Pratte, G., Couture, M., Camden, C., Poissant, J., & Beaudoin, A. J. (2025). Services delivered by specialized professionals in childcare settings in Québec, Canada: Strengths and limitations of current service delivery models. *Child: Care, Health and Development*, 51, e70110. <https://doi.org/10.1111/cch.70110>
- Provincial and territorial government websites, program documentation, and operational guidelines. (2024–2026). Sources reviewed and verified for jurisdictional mapping. Full program-level citations available in Appendix A.
- Routhier, F., Lettre, J., Longchamps, F., Kiki, G. M., Desmarais, C., Grandisson, M., Morales, E., Lamontagne, M.-E., Julien-Gauthier, F., Mortenson, W. B., Field, D., Zwicker, J. G., Kangkoyiri, F.,

Ahmed, A., Campbell, W., & Phoenix, M. (2025). Accessibility of childcare services in Canada for children with disabilities aged 0 to 5 years: Current situation. Accessibility Standards Canada.

Sapiets, S. J., Totsika, V., & Hastings, R. P. (2021). Factors influencing access to early intervention for families of children with developmental disabilities: A narrative review. *Journal of Applied Research in Intellectual Disabilities*, 34(3), 695–711. <https://doi.org/10.1111/jar.12852>

Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Northeastern University Press.

Statistics Canada. (2024). Survey on early learning and child care arrangements: Children with long-term conditions and disabilities, 2023 (Catalogue No. 71-607-X). <https://www150.statcan.gc.ca/n1/daily-quotidien/240327/dq240327d-eng.htm>

Tollan, K., Jezrawi, R., Underwood, K., & Janus, M. (2023). A review on early intervention systems. *Current Developmental Disorders Reports*, 10(2), 147–153. <https://doi.org/10.1007/s40474-023-00274-8>

Underwood, K. (2012). *Diverse spaces of childhood and family: Policy narratives and lived experiences*. Palgrave Macmillan.

United Nations. (2006). *Convention on the Rights of Persons with Disabilities*. United Nations General Assembly.

van Rhijn, T., Underwood, K., Frankel, E., Lero, D. S., Spalding, K., Janus, M., Friendly, M., & Haché, A. (2021). Role of child care in creating inclusive communities and access for all. *Canadian Public Policy*, 47(3), 399–409. <https://doi.org/10.3138/cpp.2021-010>

Wiat, L., Kehler, H., Rempel, G., & Tough, S. (2014). Current state of inclusion of children with special needs in child care programmes in one Canadian province. *International Journal of Inclusive Education*, 18(4), 345–358. <https://doi.org/10.1080/13603116.2013.767386>

World Health Organization. (2001). *International classification of functioning, disability and health (ICF)*. WHO Press.