

Acknowledgements

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KIDS BRAIN HEALTH NETWORK (KBHN) FELLOW POLICY REPORT ACCESS TRAJECTORIES PREPARED BY KELSEY SEGUIN

Executive Summary

Children and youth aged 0–18 years with disabilities in Canada appear to face substantial and uneven delays in accessing publicly funded disability supports. These delays are evident across diagnostic assessments, early intervention, therapy services, funding eligibility, and ongoing supports, with particularly pronounced effects in rural, remote, and under-resourced communities.

Despite growing concern about wait times in childhood disability services across Canada, information remains fragmented across jurisdictions, programs and service sectors. Although some jurisdictions and organizations report wait times, no publicly available national synthesis has examined how delays accumulate along the full-service pathway for children and youth with disabilities. This report addresses that gap by examining wait times and system-level drivers across Canadian provinces and territories, including Ontario as an illustrative case study.

This report presents a cross-jurisdictional analysis of wait times and system drivers across Canadian childhood disability programs. Drawing on a national scan and an Ontario case study, the report suggests that delays accumulate along the service pathway rather than occurring as isolated bottlenecks, reflecting differences in system design, workforce capacity, and administrative structures.

Key Findings

- Wait times occur across multiple stages of the service pathway, including diagnosis, eligibility, funding approval, and service access, and are cumulative rather than isolated bottlenecks.
- Diagnosis-dependent entry systems create early-stage delays, driven by limited diagnostic capacity and specialist shortages across jurisdictions.
- Delays persist after eligibility approval due to administrative processing, caseload pressures, and limited-service availability.
- Workforce and service capacity constraints are major structural drivers of delay, with shortages of allied health professionals and caseworkers consistently reported across provinces.
- System design shapes where delays accumulate, with funding-based, case-managed, centralized, and non-profit systems distributing delays differently across the service pathway.

Wait times in childhood disability services in Canada appear to be structurally produced across interconnected stages of the service pathway. Rather than arising from isolated program inefficiencies, delays accumulate through diagnostic gatekeeping, administrative sequencing, workforce constraints, and a fragmented system design. These cumulative delays vary by jurisdictional model but appear to reflect the underlying system architecture rather than localized demand pressures alone.

NOTE: For a full list of program names and abbreviations referred to throughout this report, please view Appendix A: Program List and Abbreviations.

1. Introduction

Children and youth with disabilities in Canada face prolonged and variable wait times for publicly funded programs, including Alberta's Family Support for Children with Disabilities (FSCD); Ontario's Assistance for Children with Disabilities (ACSD) and Ontario Autism Program (OAP); and British Columbia's BC Autism Assessment Network (BCAAN) and Complex Developmental Behavioural Conditions Network (CDBC Network). These delays limit access to essential early intervention, therapy, and support services and disproportionately affect children in rural, remote, or under-resourced communities.

Understanding these system-level barriers is important for policymakers seeking to ensure timely and equitable access to services. This report examines when and how delays arise along the service pathway and identifies system-level factors that contribute to variation in wait times across jurisdictions.

Research question:

“How do wait times for publicly funded childhood disability programs vary across Canadian provinces and territories for children aged 0–18, and what common systemic barriers contribute to these delays?”

Sub questions:

- (1) Which programs (e.g., early intervention, therapy, autism-specific services) have the longest wait times?
- (2) How do geographic and system-level factors affect access to services and wait times?
- (3) What strategies or program features are linked to shorter wait times or improved service access in some provinces?

This policy report draws on a cross-jurisdictional scan of childhood disability programs across Canada to identify common patterns in wait times and system design. Ontario serves as a case study, illustrating how these system-level factors operate in practice within a single provincial context.

2. Methods

This policy report uses a cross-jurisdictional scan to identify patterns in wait times and system design across childhood disability programs in Canada. Ontario is included as an illustrative case study to demonstrate how these dynamics operate within a single provincial system. Because provincial reporting practices are inconsistent, wait-time indicators are derived from a combination of administrative reports, legislative records, and publicly available program documentation rather than from standardized national datasets.

Data sources include:

- Government reports and administrative documentation
- Legislative records and committee reports
- Stakeholder and advocacy submissions
- Peer-reviewed and grey literature
- Program-level documentation

Analysis focused on identifying patterns in:

- Entry pathways
- Diagnostic systems
- Eligibility processes
- Funding structures
- Service access mechanisms

NOTE: For additional information on the search strategy, please view Appendix B: Search Strategy.

3. Understanding Wait Times Across the Service Pathway

Findings from the jurisdictional scan suggest that wait times in disability services do not occur at a single point in the system. Instead, delays can accumulate across multiple stages of the service pathway.

These stages commonly include:

- Access to diagnostic assessment
- Eligibility determination and program intake
- Funding approval or caseworker assignment
- Availability of service providers

These stages illustrate how delays accumulate along the service pathway. Although service structures vary across provinces and territories, evidence suggests that wait times are shaped not only by demand but also by access points, coordination processes, and funding mechanisms. Policymakers should consider these factors when assessing wait-time patterns across jurisdictions.

Underlying these pressures is a growing demand for childhood disability services. Additional national surveillance data indicate that autism spectrum disorder (ASD) affects an increasing

number of children and youth in Canada. Estimates suggest that approximately 1 in 66 children and youth aged 5–17 years have been diagnosed with ASD, underscoring the growing demand for diagnostic and support services across jurisdictions (Public Health Agency of Canada, 2018, p. 18).

To support the interpretation of the findings that follow, Table 1 summarizes the main service delivery approaches identified across provinces and territories. Although jurisdictions often incorporate elements of multiple models, these categories provide a useful framework for understanding how system design shapes where wait times and access barriers accumulate.

Table 1. Main Service Delivery Approaches

System Type	Example Jurisdictions	Primary Access Model
Funding-based	Ontario, BC	Funding allocated to families
Case-managed	Alberta, Manitoba	Coordinator-managed supports
Centralized	Québec	Single-entry service pathways
Early-intervention focused	PEI, Newfoundland	Early access before diagnosis
Geographic/non-profit	Nunavut	Limited regional delivery

4. Key Findings

Key Finding 1: Wait Times Occur Across Multiple Service Stages

Wait times are distributed across the full service pathway, with delays occurring both before and after formal program entry. Across jurisdictions, diagnostic assessment, eligibility determination, funding authorization, and service access operate as sequential stages through which delays appear to accumulate, rather than as a single queue.

Evidence across jurisdictions shows that early-stage delays begin before families formally enter program waitlists. In British Columbia, diagnostic assessment wait times through BCAAN and CDBC average about 80 weeks (Kids Brain Health Network, 2025). In Nova Scotia, more than 1,600 children and youth are awaiting autism assessments (Nova Scotia Legislature, 2024), indicating sustained pressure at system entry.

These early delays are compounded by additional sequential requirements. In Ontario, families often wait months or years for diagnostic assessments before proceeding to Determination of Needs (DON) assessments, which are required for funding eligibility under the Ontario Autism Program. This layered process means that delays accumulate across stages rather than being confined to a single bottleneck.

Collectively, these findings suggest that wait times accumulate across interconnected service stages, with delays occurring both before and after formal program entry.

Key Finding 2: Diagnosis-Based Entry Systems Create Early Bottlenecks

Programs that require a confirmed clinical diagnosis as a condition of service access appear to experience longer initial delays due to limited diagnostic capacity, specialist shortages, and centralized assessment processes.

Evidence from across jurisdictions consistently identifies diagnostic requirements as a major barrier to entry in the service pathway. In British Columbia, diagnostic wait times for the BCAAN and the CDBC are approximately 80 weeks (Kids Brain Health Network, 2025), illustrating how diagnosis-based entry can delay access to services by more than a year and a half before families reach program eligibility stages.

Diagnostic bottlenecks are further exacerbated by shortages of professionals responsible for assessment and diagnosis. In the Northwest Territories, limited availability of occupational therapists and speech-language pathologists has left key positions vacant for extended periods, directly increasing wait times for diagnostic and early identification services (Government of Northwest Territories, 2025, p. 17). Similarly, physician shortages in New Brunswick delay diagnosis and the completion of documentation required for program entry (Kids Brain Health Network, 2025, p. 108). These findings suggest that workforce constraints contribute to delays at the point of system entry, before families reach formal service waitlists.

Caregiver-reported data underscore the scale of these barriers. In Ontario, 73% of caregivers identified long waitlists as a major barrier to accessing autism-related services, and 49.7% described them as a “very large barrier” (Autism Ontario, 2018). These findings highlight how delays at the diagnostic and entry stages shape overall access experiences.

These findings illustrate that diagnosis serves as a key gateway within many service pathways, delaying entry into publicly funded services and lengthening wait times before families reach formal program queues.

Key Finding 3: Delays Persist After Eligibility Approval

Even after eligibility is confirmed, families may still face additional delays due to administrative processing, caseworker assignment, and service availability constraints. Administrative timelines alone can cause significant delays.

In Ontario, ACSD and Special Services at Home (SSAH) report approximately four months for eligibility decisions, whereas in Alberta’s FSCD program, families face an average of 7.5 months for eligibility determination, followed by 10 months to initiate Family Support Services and up to 13.5 months to access Child-Focused Services (Inclusion Alberta, 2025). These timelines indicate that delays persist well beyond initial program entry.

High caseloads further slow service delivery. In Manitoba, Children’s disABILITY Services (CDS) workers manage an average of 133 cases, with some handling up to 490 (Manitoba

Advocate for Children and Youth (MACY), 2021). In the Northwest Territories, caseloads average about 292 per worker (Northwest Territories Health and Social Services, 2025). These pressures limit the system's ability to translate eligibility into timely access to services.

Additional evidence shows that approval does not guarantee access. In Alberta, 624 of 746 applicants (approximately 84%) were approved for services; however, many families still faced delays in receiving the full scope of supports for which they were eligible, suggesting that eligibility approval alone does not translate into timely access to services ("Too Little Too Late," 2025).

These administrative and coordination delays are also evident in caregivers' experiences. Families report prolonged periods without communication after submitting applications, with some indicating they "did not hear back for a long period" or were required to resubmit documentation multiple times (Kids Brain Health Network, 2025, p. 108). This lack of timely communication and clarity further extends delays beyond formal processing timelines, reinforcing the gap between eligibility determination and actual access to services.

Together, these findings suggest that eligibility is an intermediate step rather than an endpoint, with substantial delays persisting in the transition from approval to service access.

Key Finding 4: Workforce and Service Capacity Constraints Drive Structural Delay

Workforce shortages and service capacity constraints are among the most persistent structural determinants of delayed access across jurisdictions.

At the system level, significant gaps between needs and service provision are evident. In British Columbia, between 55,000 and 83,000 children and youth are not receiving the supports they need (BC Association for Child Development and Intervention, 2025). In Ontario, over 50,000 children are waiting to enrol in the OAP, yet only 28% of eligible children receive services (Open Council, 2024). These figures indicate that demand substantially exceeds available service capacity.

Provider-level data further illustrate these constraints. In Ontario's diagnostic hubs, Children's Treatment Network of Simcoe York and Children's Hospital of Eastern Ontario (CHEO) completed 1,422 and 1,117 assessments, respectively, in a single fiscal year, while maintaining waitlists of about 1,800 children each (Duggal, 2024). This indicates that increased throughput has not eliminated backlog accumulation.

Workforce shortages are particularly pronounced in smaller jurisdictions. In the Northwest Territories, 148 children remain on waitlists for speech-language pathology services, and multiple positions have been unfilled for several years (Northwest Territories Legislative Assembly, 2025). In Prince Edward Island, early intervention programs explicitly cap enrolment due to staffing limitations (Early Years Autism Service Guide, p. 5), resulting in built-in waiting periods.

These findings suggest that service availability, driven by workforce capacity, ultimately determines whether families can translate eligibility or funding into actual access to care.

Key Finding 5: System Design Determines Where Delays Accumulate

System architecture appears to shape where delays are concentrated across provinces and territories, with different program models producing distinct “bottleneck points” along the service pathway. This analysis groups jurisdictions by the type of system(s) offered.

Funding-based systems (e.g., Ontario, British Columbia, Saskatchewan) tend to shift delays to provider availability and family navigation after eligibility is established. In Ontario’s Autism Program, families receive funding but must independently locate service providers, which can delay access to services when capacity is limited. Likewise, in British Columbia, diagnostic and early intervention pressures are compounded by long assessment wait times (approximately 80 weeks), which delay entry into funded services (Kids Brain Health Network, 2025).

Case-managed systems (e.g., Alberta, Manitoba, Nova Scotia) concentrate delays in coordination and caseload management. In Alberta’s FSCD program, families face sequential delays, including approximately 7.5 months for eligibility determination and up to 13.5 months for access to Child-Focused Services (Inclusion Alberta, 2025). In Manitoba, high caseloads, ranging from an average of 133 to as many as 490 cases per worker, further slow service allocation (Manitoba Advocate for Children and Youth (MACY), 2021).

Centralized systems (e.g., Québec) tend to cause delays primarily at intake points, where demand is funnelled through a single entry, creating queue-based bottlenecks before service allocation. As Observatoire des Tout Petits (2023) notes, “A child who is on a wait list for screening may subsequently be placed on another list to obtain a diagnosis, and then yet another to receive specialized services, prolonging the wait every time” (p. 32).

By contrast, early intervention–focused systems (e.g., Prince Edward Island, Newfoundland and Labrador) reduce early diagnostic barriers but face capacity constraints due to staffing shortages. Some programs explicitly limit enrolment because of workforce shortages, resulting in “a limited number of children may be enrolled at a time” and “as a result, there may be a waiting period for this service” (Early Years Autism Service Guide, 2021, p. 5).

Non-profit or geographically constrained systems (e.g., Nunavut) face delays due to workforce shortages and logistical barriers. Limited availability of clinicians across large geographic regions restricts consistent service delivery, and caregivers report “burnout” from caring for their family members, a pattern reinforced by multiple barriers, including community isolation, transportation, specialist shortages, and a lack of safe housing (Martens, 2024; Bell, 2019).

Collectively, these patterns suggest that wait times are not uniformly distributed across jurisdictions but are structurally produced by system design choices that determine where delays accumulate in the pathway, whether at the intake, eligibility, navigation, or service delivery stages.

Key Finding 6: Transparency Gaps Limit System Understanding

Public Reporting as a System-Level Issue

Transparency appears to vary significantly with the availability of public reporting. This analysis focuses on publicly available data. While some information may exist internally within ministries or service agencies, it is not consistently accessible. These cases reflect varying degrees of transparency, ranging from a complete absence of public reporting to partial administrative reporting.

While some provinces publicly report selected wait-time indicators, reporting practices remain inconsistent across childhood disability programs. In contrast to other areas of healthcare, such as surgical wait times, publicly accessible reporting for disability services is often fragmented or absent. This may limit accountability, reduce comparability across jurisdictions, and make it difficult for families and policymakers to assess system performance or identify service gaps.

In contrast to hospital-based services, such as surgical wait times, which are routinely tracked and publicly reported across Canada through the Canadian Institute for Health Info (CIHI), childhood disability service wait times are often fragmented, inconsistently reported, or unavailable, limiting transparency and complicating cross-jurisdictional comparisons. For example, the Government of Saskatchewan publicly reports information on major surgery, including quarterly updates, benchmarks, percentages, interactive graphics, and historical comparisons (Government of Saskatchewan, Surgical Performance and Wait Times, February 2026), whereas no public information was found on Saskatchewan's Early Child Intervention Program (ECIP) for children with disabilities.

Programs Without Publicly Reported Data

Québec: Centres intégrés de santé et de services sociaux (CISSS)

In Québec, services for children with disabilities are delivered through regional service networks that coordinate rehabilitation and support services. However, publicly available data on wait times for these services are limited, making it difficult to assess system performance or compare access timelines across regions.

Saskatchewan: Early Childhood Intervention Programs (ECIP)

The ECIP is delivered regionally across 14 ECIP organizations in Saskatchewan, with services provided through these organizations. No reported wait times were found (ECIP). However, a news report by Koch (2024) on the ECIP's Moose Jaw (South Central) branch indicates that "in the last 10 years, wait times can range anywhere between 3 to 5 months".

Manitoba: Children's disABILITY Services (CDS)

CDS provides support based on assessed needs and available resources, with service allocation varying by region (Government of Manitoba). However, publicly available data on wait times and service access times are limited.

Ontario:

Special Services at Home (SSAH)

No reports on standard wait times were found. However, the Ministry of Ontario publishes eligibility program guidelines, service objectives, funding, accountability frameworks, and program volume reports. An important nuance is that Ontario tracks service metrics internally through transfer payment reporting, including utilization counts, expenditures, and respite days delivered, but not public wait list metrics (2023-2024 Services Delivered, Special Services at Home).

Ontario Respite Services

No reports on wait times for respite services across Ontario were found. However, the Ministry of Ontario tracks service objectives, accountability documents, and agency-level reporting requirements, and annual reports emphasize total funding invested, numbers served, approvals completed, and broad service statistics. Specifically, the Legislative Assembly of Ontario Interim Report (2014) states, “The Committee heard that the Ministry of Community and Social Services (MCSS) does not fund dedicated respite beds for children with developmental disabilities and does not collect information on the number of children waiting for respite. The Ministry of Children and Youth Services (MCYS) does fund respite beds for children, but also does not collect information on waitlists for respite care” (p. 9). This reporting highlights that financial reporting remains prominent, while transparency and access remain limited.

Newfoundland & Labrador Intervention Services

Newfoundland and Labrador Intervention Services provides support based on assessed need and available program resources, with access coordinated through regional service systems (Newfoundland and Labrador Intervention Services). However, publicly available data on wait times or service access timelines are limited, which restricts the ability to assess how access varies across regions or service types.

Nova Scotia: Direct Family Support for Children (DFSC)

The DFSC program provides funding to families to support children with disabilities at home, with eligibility determined through diagnostic and assessment processes (Government of Nova Scotia). As a funding-based model, families are responsible for arranging services using their allocated resources. However, publicly available data on wait times or service access timelines is limited, which restricts the ability to assess access patterns across the system.

Northwest Territories: Rehabilitation Programs

These programs are delivered by the Northwest Territories Health and Social Services Authority (NTHSSA) and include services such as physiotherapy, occupational therapy, speech-language pathology, and audiology. Public wait-time reporting was not identified. However, official materials acknowledge that geographic and workforce distribution data are required for families in smaller communities (Northwest Territories Health and Social Services Authority).

Yukon: Children’s Disability Services + Child Developmental Supports

Main territorial supports include respite, occupational therapy, physiotherapy, speech-language pathology supports, behavioural supports, and a developmental diagnostic and support clinic. Public wait-time reporting was not identified. However, the Government of Yukon

acknowledges a 4- to 6-week timeline for setting up funding if families are deemed eligible (Government of Yukon).

Nunavut: Nunavummi Disabilities Makinnasuaqtiit Society (NDMS)

As of 2026, no publicly available wait-time reporting was identified.

New Brunswick: Family Supports for Children with Disabilities (FSCD)

As of 2026, no publicly available wait-time reporting was identified.

British Columbia:

Fetal Alcohol Spectrum Disorder Related Services

No publicly available wait-time reporting was identified as of 2026. However, program standards reference a service target of 90 days from referral (Key Worker and Parent Support, 2009, p. 21).

Early Childhood Intervention Programs

These services are delivered through a network of community-based organizations across the province, rather than through a single centralized system. As a result, access pathways and service availability may vary by region, depending on local service capacity and organization (Early Childhood Intervention Programs, British Columbia). Therefore, standardized wait times were not identified.

5. Ontario Case Study: Illustrating System-Level Drivers of Wait Times

Ontario offers an illustrative example of how wait times arise in a hybrid childhood disability service program. The province's reliance on multiple, partially overlapping programs appears to create fragmented entry pathways, in which delays accumulate across diagnostic, administrative, and service-access stages rather than at a single point in the system.

Ontario uses a hybrid system for childhood disability services, combining multiple service streams delivered through various programs and access pathways, including the OAP, ACSD, SSAH, Children's Treatment Centres, Children's Rehabilitation Services, and other supports, such as mental health and condition-specific services (e.g., FASD-related supports).

These programs have distinct eligibility criteria and referral pathways, creating a service landscape in which families may access supports through diagnosis-based entry points, functional or developmental assessments, or program-specific intake processes. This variety of service models creates a complex environment for families and clinicians to navigate, and identifying the correct "entry point" can itself be a barrier to timely access.

Service Pathway and Points of Delay

Entry and Diagnostic Assessment

In Ontario, access to many services begins with a diagnostic assessment, especially for programs that require a diagnosis, such as the Ontario Autism Program (OAP). A confirmed diagnosis is often required for entry, making it a key gatekeeper in the service process.

Families often experience sequential delays throughout the pathway. A child may wait months or years for a diagnostic assessment, followed by further delays in Determination of Needs (DON) assessments that establish funding eligibility. After this, families may still face delays in securing services due to provider availability (Ontario Autism Program). Within OAP, delays are also evident between program registration and DON assessments. These delays reflect both the limited availability of qualified professionals and broader constraints on system capacity.

Diagnostic hubs illustrate this pressure: two major centres completed more than 1,100 assessments annually while maintaining waitlists of more than 1,800 children, indicating that throughput has not eliminated backlog pressures. Fortunately, not all Ontario services require a diagnosis. Programs such as Children’s Rehabilitation Services provide access based on developmental needs, thereby reducing diagnostic bottlenecks. However, these services still involve intake and service wait times.

Overall, this stage appears to function as a key bottleneck: families are in the system but cannot access services until further assessments are completed.

Administrative and Eligibility Processes

After diagnosis or identification of need, families often apply to multiple programs with varying eligibility processes. Programs such as ACSD and SSAH report about four months for eligibility assessment. Delays persist even after initial eligibility is met, particularly when families navigate multiple applications across service streams.

Service Access and Provider Availability

Even after approval, families often face further delays in accessing services. In the OAP, families receive funding but must find providers independently, so access depends heavily on providers’ availability.

Children’s Treatment Centres also maintain multiple service-specific waitlists rather than a single system-wide queue, meaning families may wait several months depending on the service. However, as of early 2026, the Children’s Treatment Centre Thunder Bay reports wait times for specific services, with an average of 79 days for initial orientation and 87 to 122 days for Preschool Speech and Language (Children’s Treatment Centre, Thunder Bay).

Likewise, respite services also show long delays, with SSAH-funded supports often requiring one to two years of waiting, as “funding is very limited, and there is a waitlist for the SSAH. On average, it seems families wait about 1 to 2 years if they are applying now” (Kinross, 2024).

Application of Key System Factors (Ontario Case Study Summary)

Ontario illustrates how multiple system-level factors interact:

- Diagnosis-gated entry creates early delays.
- Multiple entry pathways increase navigation complexity.
- Limited diagnostic capacity creates bottlenecks.
- Administrative steps extend timelines across programs.

- Workforce and service shortages limit post-approval access.
- Funding-based models shift the burden of locating services onto families.

Overall, Ontario demonstrates that wait times arise from system design rather than isolated program inefficiencies. Delays accumulate across multiple stages of access.

6. Policy Implications

Cross-Jurisdiction Policy Implications

- Findings from this analysis suggest several system-level considerations to improve access to services for children with disabilities, grounded in observed delays across diagnostic, eligibility, administrative, and service-delivery stages (Key Findings 1-5).
- A system-level approach appears warranted rather than isolated program reforms, as wait times are embedded across multiple stages of the service pathway. Evidence shows delays accumulate across diagnostic, eligibility, administrative, and service-delivery processes, requiring coordinated reforms across the full system rather than targeted fixes to individual bottlenecks (Key Findings 1-5).
- Reducing fragmentation across the service system is critical. Across jurisdictions, families must navigate multiple entry points and overlapping programs, contributing to delays and increased system burden, as illustrated in the Ontario Case Study and Key Finding 5.
- Wait times must be addressed across the full access trajectory, not only within individual program waitlists. Evidence indicates that significant delays occur prior to formal program entry, particularly at diagnostic and eligibility stages, where early bottlenecks shape downstream access (Key Findings 1-2).
- Funding increases alone are insufficient without corresponding workforce expansion. Across jurisdictions, service access remains constrained by shortages of clinicians, therapists and coordinators, even where funding or eligibility approvals exist, indicating that workforce capacity is a limiting factor in service delivery (Key Finding 4).
- Diagnosis-based entry requirements may delay access to services during critical developmental periods, particularly for early intervention. Diagnostic bottlenecks have been shown to significantly delay entry timelines to funded supports (Key Finding 2).
- Improving coordination across programs is needed to reduce duplication, streamline entry points, and support family navigation. This is particularly important in systems where multiple service streams operate in parallel, each with distinct eligibility pathways, thereby increasing administrative complexity as demonstrated by the Ontario Case Study.

7. Equity Considerations

Across jurisdictions, delays disproportionately affect families in rural, remote, and under-resourced communities. These inequities stem from geographic variation in service availability and workforce distribution, particularly in jurisdictions with persistent shortages of clinicians and service providers. This analysis suggests that access is not uniform across regions and that geography remains an important determinant of timely access to services.

8. Recommendations and Future Directions

Across jurisdictions, several reports have identified strategies to address delays within childhood disability service systems. These recommendations align with the system-level challenges identified in this analysis, particularly workforce constraints, fragmentation, and administrative delays.

Ontario (Ministry of Children, Community and Social Services, 2020–2021)

- Interim one-time funding for autism supports for families on waitlists
- Improved transparency in reporting active vs. waiting service users
- Better clarity in service tracking systems

Alberta (Inclusion Alberta)

- Increase funding aligned with inflation and caseload growth
- Expand rural and Indigenous service access
- Allow earlier access to Child-Focused Services after eligibility is established
- Introduce service standards and communication timelines

Manitoba (Manitoba Advocate for Children and Youth, MACY)

- Reduce caseworker caseloads
- Improve navigation support for families awaiting assessment
- Across jurisdictions, these recommendations consistently emphasize workforce capacity, system coordination, and the reduction of administrative delays, aligning with findings highlighting structural rather than isolated program drivers of wait times.

9. Reinforcing System-Level Implications

These recommendations further reinforce several system-level implications identified in this report:

- System-level redesign is needed rather than isolated reforms, given that delays occur across multiple stages of the access process. (Key Findings 1–5)
- Fragmentation across service pathways should be reduced to decrease navigation burden and administrative duplication. (Key Findings 1–5)
- Wait times must be addressed across the full-service trajectory, including pre-diagnostic and post-approval stages. (Key Findings 1–5)
- Workforce capacity is as important as funding levels because service delivery depends on the availability of clinical and coordination staff. (Key Findings 1–5)
- Diagnostic gatekeeping contributes to early-stage delays that cascade through the system. (Key Findings 1–5)
- Navigation support is essential for families managing multiple entry points and overlapping programs. (Key Findings 1–5)

10. Future Research Directions

Future research directions build on identified gaps in this analysis, particularly the lack of standardized cross-jurisdictional reporting and inconsistent transparency in wait-time data.

- Comparative analysis of system designs across provinces to better understand structural differences in access pathways.
- Ethical use of caregiver-reported experiences, including analysis of online communities, to complement administrative data gaps.
- Examination of jurisdictions with limited reporting to address transparency limitations identified in Key Finding 6.
- Identification of high-performing jurisdictions to extract transferable best practices in service design.
- Process redesign of service pathways to examine whether reducing the number of sequential steps could reduce cumulative delays.
- Re-evaluation of diagnostic, eligibility, and funding structures to assess the feasibility of streamlined or parallel access models.

11. Conclusion

Wait times in childhood disability services appear to be structurally embedded across the interconnected stages of diagnosis, eligibility, funding, and service delivery. The report's analysis suggests that delays are not isolated administrative inefficiencies but rather outcomes of system design, workforce capacity, and jurisdictional fragmentation.

Access to funding or eligibility alone does not ensure timely services, especially when families must find providers in limited markets. Provincial systems shape where and how delays occur. These patterns suggest that wait times are embedded in system design, not caused by any single failure. Improving access appears to require addressing multiple points of delay across the system. Increasing funding alone may not reduce wait times without investment in diagnostics, workforce, and services. Reducing reliance on diagnosis as a gatekeeper can enable earlier access. Simplifying administration, improving navigation, and fostering coordination can further reduce delays. Transparent wait-time reporting is vital for accountability and cross-provincial comparison. Ultimately, addressing delays as part of overall system design, through policies on early access, coordination, and workforce, is key to providing timely support for children and youth with disabilities nationwide.

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Appendix A: Program List and Abbreviations

The following list outlines key programs referenced throughout this report across Canadian provinces and territories. This list is provided to clarify terminology and support the jurisdictional comparisons presented in the report.

Program Names & Abbreviations List

General

- Autism Spectrum Disorder (ASD)
- Kids Brain Health Network (KBHN)

1. Ontario

- Infant Child Development Program (ICDP)
- Preschool and Speech Language Program (no abbreviation)
- Infant Hearing Program (no abbreviation)
- Blind-Low Vision Early Intervention Program (no abbreviation)
- Assistance for Children with Severe Disabilities (ACSD)
- Children's Treatment Centres (no abbreviation)
- Surrey Place, Ontario (no abbreviation)
- Ontario Autism Program (OAP)
- Special Services at Home (SSAH)
- Enhanced Respite for Medically Fragile and/or Technologically Dependent Children Program (no abbreviation)
- Determination of Needs (DON)

2. Québec

- Centres intégrés de santé et de services sociaux (CISSS)

3. Nunavut

- Nunavut Disability Makinnasuaqtiit Society (NDMS)

4. Alberta

- Family Support for Children with Disabilities (FSCD)

5. British Columbia

- Early Childhood Intervention Programs (no abbreviation)
- Children and Youth with Support Needs (CYSN)
- BC Autism Assessment Network (BCAAN)
- Complex Developmental Behavioural Conditions Network (CDBC Network)

6. Manitoba

- Children's disABILITY Services (CDS)
- Child Care Inclusion Support Program (no abbreviation)

7. Saskatchewan

- Early Childhood Intervention Program (ECIP)
- Autism Spectrum Disorder Individualized Funding Program (no abbreviation)

8. Newfoundland and Labrador

- Intervention Services (no abbreviation)
- Community Behavioural Services Program (CBSP)
- Special Child Welfare Allowance Program (no abbreviation)
- Intensive Applied Behavioral Analysis Program (no abbreviation)

9. New Brunswick

- Family Supports for Children with Disabilities (**FSCD**)
- Preschool Autism Program (no abbreviation)
- 10. **Nova Scotia**
 - Disability Support Program (no abbreviation)
 - Direct Family Support Program for Children (no abbreviation)
 - Enhanced Family Support for Children (no abbreviation)
- 11. **Prince Edward Island**
 - Early Years Autism Services (linked with Preschool Autism Funding) (no abbreviation)
- 12. **Yukon**
 - Children's Disability Services (no abbreviation)
 - Supported Child Care Program (no abbreviation)
- 13. **Northwest Territories**
 - Supporting Child Inclusion and Participation Program (SCIP)
 - Rehabilitation Services (no abbreviation)
 - Northwest Territories Health and Social Services Authority (NTHSSA)

Appendix B: Search Strategy

This appendix outlines the steps taken when compiling the jurisdictional report.

Step 1: Initial Scoping and Review of Existing Materials

As part of the 2026 report update, the search process began with three priority jurisdictions:

1. Ontario
2. Québec
3. Nunavut

Previously compiled notes, documents, and materials from the earlier KBHN Provincial and Territorial Report were reviewed to identify any existing wait time data. Initial searches were then conducted within these jurisdictions, as they offered a familiar starting point for locating relevant programs and data sources.

Step 2: Program Selection and Scope Refinement

To streamline the search, priority was given to primary programs serving children and youth (ages 0–18/21) within each province and territory. Program selection was guided by the previous KBHN report and compiled into a master list to ensure consistency and ease of tracking across jurisdictions. Programs that combined child and adult services were excluded to keep a clear focus on childhood disability services.

Step 3: Data Collection, Search Terms, and Organization

Data were organized using an Excel template developed by the project team and tailored to include variables relevant to this scan, such as “wait time duration” and “notes” (e.g., caseload numbers, service conditions). Separate sheets were created for each province and territory to facilitate organization and comparison across jurisdictions. Colour coding was applied to indicate whether sources were included, excluded, or needed further review.

Sample Search Terms:

- Child disability services wait times Canada
- Early intervention wait times Canada
- Program name + wait time
- Assessment + wait time
- Child eligibility intake criteria
- Referral requirements
- Program statistics
- Program name + annual report
- Program name + province/territory + wait time
- Program name + caseload numbers
- Program name + wait time data

Sources included:

- Government reports
- Policy documents
- Statistical documents
- Organizational reports
- Publicly available program information
- Legislative committee transcripts
- Service plans, budget documents
- Auditor General reports
- Annual Reports
- News articles from the web (maximum 6 years)

Step 4: Analysis

The analysis used an inductive approach, involving manual coding of reported wait times, system characteristics, and barriers identified across jurisdictions. Patterns were examined across jurisdictions to identify common system features and points of delay in the service pathway. The focus was on classifying programs by service delivery system (e.g., funding-based, case-managed, early intervention) and on identifying recurring themes related to access, system navigation, workforce capacity, and service availability. Discrepancies and gaps were also noted across Excel columns. Data were shared with other fellows to support consistency and collaborative validation of findings.