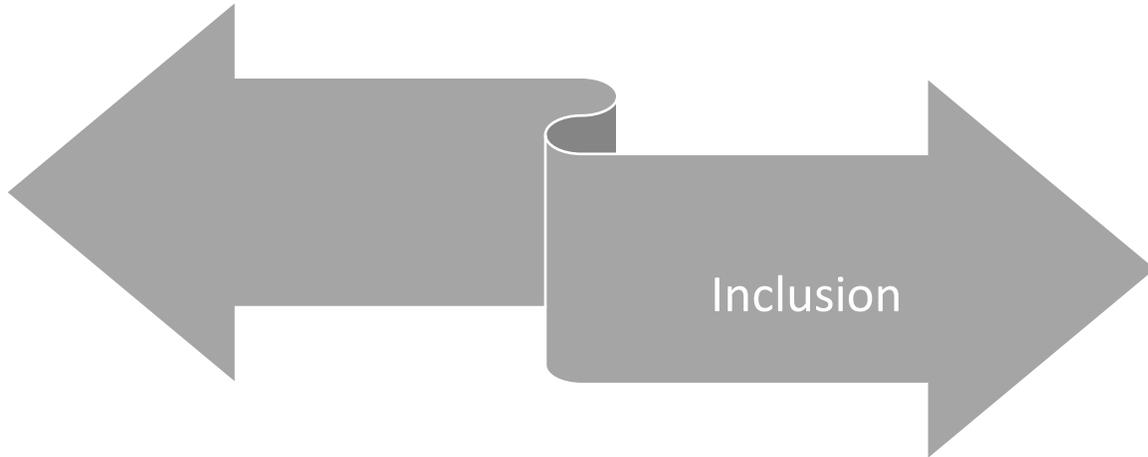




# **Reforming National Autism Policies: A Report**

by Autistics for Autistics, Canada



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## About Us

[Autistics for Autistics](#) is a Canadian autistic led-and-run self-advocacy group. We have experience in advising on policy provincially, with [white papers](#) that apply provincially and federally. We also engage in community education and [outreach projects](#) and host [events](#) for autistics, families & friends through our chapters in Ontario and New Brunswick.

We are an international affiliate of the Autistic Self Advocacy Organization (ASAN), a provincial member of the Autistic Advocacy Coalition of Canada, and part of the broader disability rights movement internationally.

## **Our National Mandate:**

**End the systematic segregation of autistic people in Canada. *Inclusion and dignity for all.***

**Credo:** Autistic self-advocacy can be summed up in the phrase *nothing about us without us*. Put simply, we reject the segregation and barriers that still exists in schools, employment, housing and public life.

The autistic self-advocacy movement is based on a few facts:

- We will always be autistic.
- **We want to like and feel good about ourselves, not be told we're broken, toxic and wrong.**
- With simple accommodations, we can be included in school, work and all society.

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## **DEFINITION**

### **AAC**

*Augmentative and Alternative Communication* (AAC) is any means of communication--aside from verbal speech--that allows someone to use language. AAC is used by people with various disabilities, including some autistic people. It can include:

- Pictures
- Gestures
- Sign language
- Visual aids
- Speech-output devices like phones or iPads

## Introduction

Autistic people in Canada are living with an unmitigated crisis of poverty and disadvantage.

We face high rates of unemployment, precarious housing, and homelessness.

Many of us do not receive health care and other services because of communication access barriers.

We often face exclusions, stigma and abuse in schools.

Our suicide rates are nearly 9 times that of non-autistic people.

These are all major social problems and it isn't "living with autism" that causes them. In large part, these crises are **directly caused by Canadian social institutions' lacking the awareness or political will to break out of a pathologizing, segregationist approach to autistic and intellectually disabled (IDD) people.**

When a disability is accepted and accommodated, the disabled population fares better in life and the entire society is lifted in the process. Autistic/IDD people deserve that chance in Canada. Canada deserves that chance. That is why we advocate a [National Disability Strategy](#) that would include autistics across policy portfolios, together with other disabilities, rather than the current mandate, which is to silo autism services in the Health Ministry.

In this paper, we outline the problems that need solving, as well as specific policy solutions around communication and accessibility in the areas of: early childhood; education; housing; employment; health care access; and community/social education. We also identify the broader policy project of moving from a segregation model for autistic/IDD services towards one of inclusion.

## Background: A pattern of segregation, perpetuated in policy

By and large, autistic/IDD Canadians live segregated from the rest of society, as A4A outlined in its detailed [Human Rights Report](#) to the United Nations (2018).

We are first taken away from our families and peers when we are placed into full-time, segregated IBI (Intensive Behavioural Intervention) "therapies" as preschoolers. Then, because we don't get to know our peers and they don't get to know us, when we reach school age we are tracked into segregated classrooms. We eventually graduate from segregated education into segregated lives, in segregated housing and segregated "work" in sheltered workshops—or isolated alone, wanting to work but facing access barriers to employment.

In some ways, although Canada has "de-institutionalized" from the horrific world of 20th century residential care, autism service providers and policymakers still hold onto the

stigmatising ideologies that keep us separate--and policymakers have not made the attitude shift that would embolden policy to ensure that we are truly integrated. These old ideologies include the belief that autistic people are a broken version of “normal” in need of conversion therapy which claims it can teach us to pretend to be non-autistic. In fact, the person who invented ABA, the primary therapy funded by most provincial/territorial governments in Canada, is [the same man](#) who invented a popular form of gay conversion therapy.

The Government of Canada and the provincial/territorial governments **endorse and fund many of the segregationist policies** we have referenced, such as early childhood IBI centres that segregate autistic children from peers; normalized “special” education in public schools; segregated housing; and isolating day programs. Most of our provincial/territorial governments also endorse sub-minimum wage labour of IDD individuals in sheltered workshops.

A few examples:

The Government of Canada Funds Segregated Housing. The Government of Canada and provincial/territorial governments continues to allocate [the majority](#) of IDD housing budget towards segregated facilities. **In 2013/14, more than 90 percent of federal funding in this sector went for segregated housing and just 9 percent for independent supported living.** Provincially, the numbers are similar; for example, in Ontario, 80 per cent of housing funds for autistic/IDD individuals is still allocated to segregated group homes.

These investments ignore evidence that autistic/Intellectually Disabled (IDD) people fare better with [independent supported living](#) (ISL) in the community, not segregated housing. This is because with ISL, the person has their own housing and supports they control to live in the community, as an integrated member of the broader society.

When we met with government reps last spring, they were excited to share with us the news of a new segregated housing project being built “for men living with autism.” It did not appear that [independent supported living](#) was even on their radar. The cultural disconnect is clear in the very language the government still uses, officially describing us as “people living with autism,” as though autism were a dachshund or a ferret. Many of us would like to *live with* a roommate of our choosing or alone; however the current system sets IDD folks up in group homes that are neither safe nor accessible from a communication and sensory perspective (see our Housing section).

The Government of Canada Advertises Segregationist Providers. The federal government also recently allocated [more than \\$10 million to build a website](#) that will list autism service providers and provide resources and rent subsidies for select autism “service” providers. The providers listed are mostly ABA providers or non-profit service agencies that operate with the segregation model. The project’s lead agencies did NO meaningful consultation with autistic people, nor did they reach out to **any** of Canada’s autistic self-advocacy groups nationally or locally. This “information superhighway” boondoggle is going nowhere fast--and \$10 million could go a long way towards anti-poverty and education initiatives that truly assist us.

The Government of Canada Gives Contracts Multi-billion dollar Contracts without any Sign of a Tendering Process. The Government of Canada seems to have given the management of the above project to 2 autism charities (PAFN and The Miriam Foundation), *without a tendering/bidding process or even an apparent RFP*. We have asked and asked and asked the government to explain how these providers were chosen, to the point of sending them Yes or NO forms, and they refuse to answer. We can only conclude that this complete lack of transparency is *de rigueur* for maintaining a dysfunctional and unfair approach to awarding contracts.

The Government of Canada has Made No Commitment to Inclusive Education for Disabled Children. Canada is behind many other nations on school inclusion of disabled students. In fact, [according to](#) the Ontario Human Rights Commission, **the special education system here hasn't changed meaningfully in more than 40 years**. School exclusions and special ed referrals are commonplace, there is no accessible (universal) design in Canadian classrooms--not even a pilot program--and many families end up homeschooling just to give their autistic children an accessible education. When we have approached people in federal government, they claim these human rights issues are not the Government's mandate because the "Autism file" is silo'd in the Public Health Agency of Canada... and claim that the silo-ing can't be changed.

The Government of Canada is not Addressing the Problem of Abuse in Canadian Schools. While in other jurisdictions, restraint and seclusion are either banned or tracked for accountability, most school districts in Canada do not have universal measures for tracking the use of seclusion and restraint, which are endemic to the special education system (Please read our [Human Rights Report](#) for more information). There is also a clear lack of transparency within the special education classroom, which do not have cameras in classrooms and many of which do not even allow parents to enter the classroom space during the school day! Without transparency, and with an approach that systematically excludes autistic students, Canadian public schools are set up for failing *all* students, with devastating impact on autistic students' lives.

The Government of Canada is Supporting Agencies that Promote Unscientific Approaches. The only "solution" that funded autism agencies seem to propose for schools is to put more dollars into an unscientific behaviour therapy system that leads to negative long-term outcomes (see the sources cited [here](#)). While a few districts in Canada have [piloted](#) positive inclusion based programs such as SCERTS, most districts continue to argue that piling more Education Assistants into the classroom is the singular answer, because policymakers haven't implemented even the most rudimentary inclusion plans to make classrooms accessible to neurodiverse students.

The Government of Canada Isn't Dealing with or even Documenting our Poverty Crisis. **Poverty is endemic for autistic people in Canada** and this is because of four factors.

1. Some autistic people have been too traumatized by abusive behaviour therapies to even function in a workplace;

2. Many autistic people want to work but need flexibility in the interview process and the workspace/hours;
3. For those who cannot work for temporary or long stretches due to disability or other reasons, there are no adequate programs to support them during transitions between working and not working; and
4. Intellectually Disabled individuals are still being warehoused in sheltered workshops, working for pennies when they could be trained to work for a living wage or engaged in integrated, positive community projects.

The data vacuum on poverty is staggering. The Government of Canada has never measured poverty among the autistic and IDD population, nor undertaken any universal measures of our independence, fulfilment, housing or employment needs. The only measure the Government has done is determining an estimate of [how many](#) of us exist, through a bureaucratically unwieldy endeavor involving “environmental scans” for autistic people, titled the “National Autism Spectrum Disorder Surveillance System.”

The Government of Canada is Investing Millions in Programs without Independent Data.

**Without any meaningful data, the Government of Canada has invested hundreds of millions in autism-related projects** and our provinces/territories have invested billions in “autism services.” In the vast majority of cases, these projects were merely presented for a bureaucratic rubber-stamp by the providers who profit from them, with providers using their own weak/biased data to justify the expenditures. In many projects there was no bidding process and often not even an RFP before millions were appropriated. The current system has no accountability, no sustainability and no measures of effectiveness, harm or redundancies.

It should be worrisome to every Canadian that this trend could continue, with many in government supporting the “National Autism Strategy” directed by CASDA, a provider-focused group that **bases its proposed \$50 million “autism” budget on a survey in which less than 5 percent of participants were autistic!** To repeat: 90 percent of respondents to the “needs” survey being used to justify \$50 million of government funding do not even have the disability the so-called strategy is claiming to serve.

In fact, **CASDA’s plan is [opposed](#) by all autistic self-advocacy organizations, nationwide.**

The Government of Canada Declines to Fund Grassroots Community Education, in Favour of Patronizing Projects that Don’t Work. Un- and underemployment is a massive issue in our community and autistics working in IT and a range of other sectors are being chosen by the private sector and non-profits to be mentors to other autistics—however the Government of Canada does not fund a single one of these programs, [instead appropriating \\$600,000 on a “mentorship” program through an “autism centre” where the mentors are not themselves autistic.](#) We don’t need well-meaning social work students to be our “mentors”. We need people in our own fields of interest, who are also neurodivergent to build an authentic relationship as equals... as in, a REAL mentorship program.

Canada has very few community education programs to keep autistic people safe and allow us access to necessary services, and none are funded by the federal government. For example, hundreds of thousands of autistic and other Canadians are unable to rely on speech alone to communicate; knowledge of communicating with AAC users is an essential skill for health providers. Yet **99% of Canadian medical students are not trained in speaking with someone who uses AAC.** (For a definition of AAC, please see page 5). This means the majority of non-speaking autistics do not have access to adequate medical emergency and clinical care.

In addition, **two-thirds of police and other emergency first responders have no training in communicating with autistic people.** In fact, the only Canadian program for first responder education was rolled out by PAFN and Autism Speaks. Autism Speaks endorses the use of an “autism identification [wallet card](#)” that autistic people are supposed to pull out to show to officers in a crisis situation. This is clearly unsafe and potentially deadly for autistics of Colour, if they were to reach into their pocket when confronted by officers. Further, Autism Speaks Canada’s attempt to develop a national “autism database” is neither practical nor efficacious when what is truly needed is autism-informed, trauma-informed training for all responders.

It would not be difficult to roll out community education programs-- based on models elsewhere and utilizing the expertise of local autistic people-- but the current government has not committed to it. Instead, efforts are piecemeal and mainly involve non-autistic people/agencies rolling out education programs that are not based on research and lack rigour. Grassroots programs remain unfunded because the bulk of funding is still being directed towards a “behaviour” project that [doesn't work](#).

### **ABA: The system that takes and takes**

It’s time for us to address the elephant in the room: most provinces are directing most or all of their autism funding to an autism therapy that isn’t scientific and that autistic people do not want: Applied Behaviour Analytics (ABA). There are many ethical and practical [reasons](#) to oppose provincial governments spending all their autism dollars on ABA, but we will focus on the most obvious: paying for thousands of kids to get an \$80,000 per year therapy that has never even been studied with even one random control trial, and whose recipients actively campaign against, is not sustainable.

A prime example is Ontario’s failed approach of investing billions in ABA--wasting so much government money that there literally **was none left for the programs that would make real change**, such as:

- School inclusion mandates using universal design;
- Services such as speech language pathology, psychotherapy and OT;
- Education about AAC to give non-verbal people access to school, workplaces and medical care;
- Employment programs that work;
- Affordable housing programs that respect disabled people and bring sustainable results;

- Education for first responders;
- and more.

If we look at the “success” of ABA in the 18 years since it was rolled out in Ontario, the statistics are grim. For an estimated \$300 million per year in government-funded ABA, we in Ontario now have:

- More school exclusions;
- More mental health issues and higher rates of suicide;
- Growing joblessness; and
- Increased housing insecurity.

The failures of the ABA-dominated funding scheme are not surprising when you consider that ABA is a form of Radical Behaviourism, which has its roots in the thinking of BF Skinner, who studied animal subjects in the 1930s and 1940s, using electric shocks and other aversives to control animal behaviour. ABA’s founder, [O. Ivor Lovaas](#), did not understand autism and the myths he perpetuated still power the ABA movement. Writing about his autistic patients, Lovaas [stated](#):

*“You have a person in the physical sense –they have hair, a nose, a mouth, but they are not people in the psychological sense. One way to look at the job [of autism therapy] is to see it as a matter of constructing a person. You have the raw materials, but you have to build the person.”*

Sadly, in ABA literature we still often still see the idea that autism is a deviation to be fixed and a “real” child constructed through the therapy.

We can’t move forward without naming this schism: between ABA providers (who [hire lobbying firms](#) to build relationships with politicians) and ordinary autistic people and our families who, without *any* dollars, are asking to be [heard](#). Indeed, the only way to break from the old model of autism services is to become open to constituents like us, as well as independent data, with a clear mind unfettered by entrenched financial and political relationships. It’s an uphill battle, in other words.

Successful, non-ABA programs are available at less cost than the “behaviour” industry (read our [paper](#) about them), but it requires a culture shift within policymaking towards integration and autistic acceptance--with an audit system that prevents the fiscal abuses that have been rife within autism services in Canada.

What has held this change back is threefold:

1. Lack of awareness among policymakers that systems of accountability are non-existent or failing;
2. Political relationships between politicians and local ABA/IBI centres; and

3. Lack of political will to push back against the ABA/IBI industry's mandates (the current Ontario government being a notable exception to this).

There are families in Ontario who chose not to use ABA and opt for psychotherapy, developmental therapies (e.g., RDI, [DIR Floortime](#)) or programs like the [SCERTS program](#), or science-based services that teach life-skills like Occupational Therapy (OT) and Speech Language Pathology (SLP). These families are mostly sidelined from funding and sometimes even stigmatized by schools—in most provinces, they are paying 100% out of pocket for non-ABA services that helped their children. Some families also home educate their children as the only way to avoid [ABA-mandated EAs](#) at school. Inclusion-based programs, which are thriving elsewhere, still remain largely invisible in our federal policy landscape.

When autistic people point out facts (above) or share ideas, we often feel like it's unwelcome because it's "not the way we've always done it." But really, that's exactly the point. It's time for change.

### **The role of autistic self-advocates in policy reform**

When it comes to autism policy, it does seem that some policymakers just can't seem to see the forest for the trees. As systems thinkers, autistic people are uniquely positioned to discuss and map the forest--and we are doing that. In addition to system thinking, there are other advantages to working with us, such as: non-partisanship, lack of transactional economic political ties; honesty; and lived experience. We also have experience consulting with provincial governments and have built relationships with experts in other jurisdictions in the areas that need reform.

We are asking the government to consider an alternative to the current broken system: inclusion, a sustainable approach that values our dignity. It is time for governments to listen to us—not just “tell your life story,” but “what are your ideas?”--and to the inclusion experts who have implemented programs that work.

There are better ways. Our government needs to study other jurisdictions, listen to us and launch its own initiatives towards a reform of autism services that reflects an ethos of integration and finally puts to rest the ghosts of the residential institution era. **And the Government of Canada must include autistic groups front and centre in this process.**

## Towards Inclusion: National Goals, Summary

Our vision, by 2022:

- **A Communication Charter of Rights** for non-verbal and semi-verbal individuals, for fair access and accommodations in all aspects of Canadian life, including specific educational mandates for teachers, health care providers and first responders.
- **Community inclusion** for autistic toddlers and preschoolers. Ban segregated IBI “behaviour mills.” Include autistic preschoolers in everyday life and the world of play with their peers.
- **Inclusion in schools** for autistic children. Meaningfully engage universal design experts to share best practices and models. Incentivize their use across Canada, with the goal of phasing out segregated classrooms.
- **Independent supported living (ISL)** for autistic and/or IDD adults, with priority government funding to existing ISL projects and new ideas. A government commitment *not* to fund new segregated housing projects.
- **Employment access** for autistic adults. Train employers on making their interview processes and workplaces accessible, based on models (e.g., Microsoft). Close all sheltered workshops. Focus on training or employing autistic people in all career fields and not just jobs that stereotypically employ autistic people (e.g., IT and banking).
- **Community education** about autistic communication/AAC and accessibility, developed with autistic self-advocates as project leaders. Launch programs for: First Responders; medical professionals; teachers; transit workers; and others.
- **Independent financial audit and service evaluation** of all autism-related services, charities, and programs that receive government funding. Root out the bad players and create better systems of sustainability and accountability.
- **An autistic “census”**, either creating a category in the existing census or through community consultations to determine our needs. Government gathers its own data (*not relying on provider “data”*) to make informed funding decisions.

## National goals: Discussion and policy-specific proposals

### Communication access/AAC

25-30% of autistic people are non-verbal or semi-verbal. This means that like some other disabled people, we need access to augmentative and alternative communication platforms, called AAC. AAC is any means of communication--aside from verbal speech--that allows someone to use language. AAC can include: pictures; gestures; sign language; visual aids; and speech-output devices like phones or iPads.

The average time it takes for an autistic child to receive this essential communication access is 2.5 years. That is 2.5 years too long! Government funding programs must begin to adequately fund the services and technologies that allow non-verbal autistic children to communicate--and their caregivers to properly communicate with them.

As one of our members notes: "When I found AAC it was like throwing a drowning person a lifeline. It has changed my life. I was able to get employment supports; they set me up with an employment support worker who helped me find and apply to jobs...I went from minimum wage, followed by unemployment, to a full time job where I am constantly getting praise for the quality of my work. I didn't change. My skill set didn't change. My work experience didn't change. The way I look and act didn't change. The only thing that changed was how I communicate. ...I cannot stress enough how big a difference AAC has made for me."

### **AAC: Recommendations**

*Please note: AAC is **not** a part of ABA and it needs to be funded independently of ABA.*

- **A Communication Charter of Rights** for non-verbal and semi-verbal individuals, for fair access and accommodations in all aspects of Canadian life, including specific educational mandates for teachers, health care providers and first responders.
- AAC access for all who need it, without delay.
- Education programs for healthcare providers, first responders, teachers and others in the community so that they can communicate directly with their patients/students/clients who use AAC.
  - Programs should be designed and led by disability self-advocacy groups, not autism charities.
- Base funding for new acquisitions on changing communication and developmental needs rather than an arbitrary "5-year" timeframe.

- Teachers and other support workers need training to be effective AAC communication partners.
- Remove HST from iPads prescribed as a dedicated communication device, to improve access.
- Please see our other sections for integrated AAC recommendations as well.

### **Inclusion: early childhood & school age**

Segregation is the number one problem facing our community; it has a devastating impact on our health and potential. Segregation begins when autistic children as young as 2 or 3 are sent to IBI centres instead of being integrated into their communities. They are then streamed into special education at school and graduate into segregated lives, in housing, employment and social life.

This pattern of segregation has to end. We need to reform our preschool community options for universal design. We also need to apply accessible design in Canada's public schools. There are many successful models of inclusion (some right here in Canada) that policymakers can learn from. We are happy to share them with the federal government as we did with the Ontario provincial government.

Within Canadian school boards, there is a lot of discussion about *diversity* and *inclusion* but rarely is it applied to disabled students. As Sheila Bennett, Education professor at Brock University states: "Those terms seem to apply to a lot of populations, just not this one." Professor Bennett is the co-author of the excellent 2018 [report](#) *If Inclusion Means Everyone, Why Not Me?* which focuses on the unmet needs of disabled students in our province.

A [report](#) by People for Education from 2014 showed that 1/2 of principals in the Toronto District School Board had phoned parents some mornings and told them to keep their children at home in part because there were not enough support workers that day. In a [2018 study](#), People for Education [reported](#) that 2/3 of their survey respondents report their IDD or autistic children being excluded from field trips and extracurricular activities and 1/3 reported that their child didn't have access to an educational assistant when they needed one.

A [survey](#) by ARCH Disability Law Centre found that many students are excluded from school, with no official tracking or due process. According to Renu Mandhane, Commissioner of the Ontario Human Rights Commission, [in 2017-18](#): "25% of parents reported being told not to bring their child to school, while more than half (54 per cent) said their child had to leave school early on a regular basis."

**Canada needs universal tracking for restraint and seclusion in schools.** According to a report by the Ontario Human Rights Commission, the province's special education system has not

changed significantly [in 40 years](#). Special education classrooms in Ontario have many of the hallmarks of the institutional days: including restraints, isolation and systemic exclusions.

Canadian school boards currently lack meaningful tracking mechanisms to stop abuse. There is no publicly-accessible record of the number and degree of instances of isolation, restraint, sexual assault, exploitation and other abuse in Ontario schools and other institutions. There are also no uniform codes across districts for tracking these. School boards and other agencies also do not tend to share data nor report on general conditions; overall, they lack transparency. We were told by several government departments when we asked for statistics about abuse that “the content of individual complaints are private”; however, this explanation does not in any way address the dearth of general statistical data on this issue.

By contrast, countries such as the UK keep records of complaints and even require workers to report the incidence of events such as the use of restraint. Because they do so, the UK is able to notice trends: for example, the recent spike in the use of restraints there was reported in the media and acted on. Last week in the UK, the National Health Service said that it will stop locking up, isolating and [physically restraining](#) autistic children after an inquiry stated that it was damaging to their health. It has given itself an [18-month timeline](#).

Likewise, in Alberta, when parents got together to self-report the use of restraint and seclusion by creating an independent [survey and report](#) (since the government was not tracking it), they got action from their government. This fall, the government tracked schools’ use of seclusion and [found that](#) it was used more than 700 times in the city of Edmonton’s public schools in just one month. These statistics are essential towards addressing the problem, but in the rest of Canada they are not being kept, so the problem gets swept under the rug.

Neglect is also a serious human rights issue that is not tracked. Within the special education classroom, lack of access to the outdoors, free play and physical activity is all too common. As one mom of a 6-year old autistic boy in a Scarborough school reports: “I found out at the end of the semester the teachers had kept my son and his class indoors for recess every day since January, because they didn’t want to do recess monitoring. They gave the kids iPads to play with and never went outside once.”

One woman from Eastern Ontario spoke to us about her daughter (who is physically disabled) being confined for the convenience of staff in her classroom. A fellow student took a cell phone video of the incident and when confronted, school administrators demanded to know the student’s name so they could discipline *her* for having a cell phone in class!

In Peel District (Ontario) a family is suing the School Board for placing their autistic son in an isolation room frequently, sometimes for the entire day. According to an [investigation](#) by *Toronto Life*, his first and second grade teachers “confined him to a small room the size of a walk-in closet, with concrete walls and no carpets or padding. “Teachers would sit on a chair in front of the door to prevent him from leaving, and they covered the small window of the room with construction paper, blocking out the light. ‘If I kept acting up in the room,’ said Christian

Thorndyke, 'they'd add on more time.' If he had time left over at the end of the day, he was told he'd need to return to the room the next day.

"At a new school in the same district, 9-year-old Christian was also isolated, despite a letter from his therapist asking the school to stop. Christian often begged for food or water, or to use the washroom, and was ignored. Once, he urinated on the floor; he says he was given a mop and told to clean it up. One day, the stress and humiliation became overwhelming. Christian broke down. He wrote on the walls and began choking himself with his hands."

These are the kinds of stories that we hear from families and they are the reason that advocacy groups are taking legal action. For example, a [lawsuit](#) filed this week by a group including autistic self-advocates alleges that students with disabilities in a Washington DC school district experience unjustified discrimination, psychological trauma, and physical harm from the widespread and improper use of restraint and seclusion and that the district has a pattern of using "seclusion techniques as punishment to silence, control, detain, and segregate students with disabilities." As our self-advocacy groups grow across Canada, we will also become partners in litigation on these issues.

With parents banned from many special education classrooms in Canada and some teacher groups fighting against proposals to have cameras in the classroom, there is no transparency. Without transparency, more abuse happens. And there are no universal guidelines--access is entirely dependent on the individual environment of a specific district.

Some school districts and unions have balked at the "costs" of transparency, accountability and inclusion mandates. But in reality, inclusion comes mainly from a shift in approach and attitude, towards acceptance and openness to diverse students and the broader community. It is also true that without buy-in from administrators, even the most expensive inclusion programs will not succeed and that when inclusion is rolled out effectively, it is more affordable and sustainable than segregated learning.

## **Inclusion recommendations: early childhood and school age**

### Early childhood

- De-fund IBI centres and ABA practices and redirect funding towards science-based and inclusive approaches.
- AAC education programs for healthcare providers, teachers and others in the community so that they can communicate directly with their students/clients who use AAC.

- Create a mandatory inclusion education program for programs for the early years, so that autistic children do not get excluded in these spaces.
- Meaningful consultation with nonspeaking adult autistics and those with high support needs about what needs to change for autistic children with high support needs.

### School safety and inclusion

- Amend regulations such as the IPRC (O. Reg. 181/98) to require students with disabilities to be placed in a “common learning environment” as envisioned in New Brunswick’s Policy 322.
- Ontario: Remove PPM 140 (2007) and allow families to use classroom support persons other than the districts’ ABA providers.
- Develop a national tool for tracking of school exclusions, to be used universally across districts, using the New Brunswick model, to gather data about the scope of the problem and measure whether it is being addressed.
- Procedural protections for students who are excluded-- *e.g.*, via s. 265(1)(m), giving families similar appeal rights as those available for suspensions and expulsions (see: Part XIII of the Education Act).
- Make existing special education classrooms transparent, to prevent abuse.
  - Have cameras in **all** special education classrooms.
  - Make it **illegal** for a special education program to ban parents from entering the classroom.
  - Incentivize environments where families are welcome as partners in education, not “outsiders”.
- Implement universal systems (*and codes*) for tracking the following:
  - School exclusions (modeled on New Brunswick’s new Attendance Tracking Tool)
  - Use of restraint
 Use the data to develop better approaches, to prevent exclusions and restraint.
- Review human rights policies for our prisons. **If anything is currently allowed to be used on children in a school that is not allowed on inmates: ban it.**
- Educate all teachers and staff on trauma-informed care and appropriate de-escalation techniques, per best practices in other jurisdictions.

- Have all students in the classroom provide input into inclusion. They have wonderful ideas and this empowers them.
- National campaign to remove barriers to involvement in sports/extra-curricular activities at schools for homeschooled kids. Autistic students who cannot currently attend school due to barriers should not face further barriers in being involved in community life.

### **Housing: Empower independent living**

Our federal government continues to mainly support segregated housing for autistic and intellectually disabled adults, rather than funding [independent supported living](#). In fact, more than [90 per cent](#) of the federal budget in this sector is for segregated housing. This is completely unacceptable.

Funding for segregated housing should be re-routed towards projects that promote autonomy and community integration (e.g., through groups like [LiveWorkPlay](#) and the [Centre for Independent Living, Toronto](#)). Right now, just 9% of federal funding is for independent living housing projects and that needs to change.

Canada also needs to support a useful systems to help autistic youth transition to adulthood. Too often, youth are tracked by well-meaning school programs into “school-to-guardianship” plans that underestimate their capacity for autonomy. We agree with the National Coalition on Disability (US) on the need for “ensuring that guardianship be a last resort imposed only after less-restrictive alternatives have been determined to be inappropriate or ineffective; and ...recognize the serious implications of guardianship and encourages schools to recognize less restrictive decision making supports,” during the transition from school to adulthood (Read the full [Report](#)).

While Sections 6 and 15 of Canada’s Charter of Rights and Freedoms guarantee the rights of persons with disabilities to freedom to choose their residence on an equal basis with others, the impact of poverty prohibits many autistic, IDD and disabled Ontarians from achieving the dream of independent/autonomous living. Poverty is a health and human rights issue impacting every aspect of life. As psychologist Ajit K. Dalal [states](#): “Disability and poverty tend to go hand in hand, forming a cycle of cumulative causation.”

Group or residential homes in Canada are a vestige of institutional life. The ideal of independent supported living for IDD and autistic individuals, beyond residential homes, is not being pursued federally. And the situation in some group homes is [desperate](#) and [terrifying](#). Between 90 and 120 children and youth connected to Children’s Aid die [every year](#) in Ontario, many living in group home (“residential”) settings. An [investigation](#) by the *Toronto Star* showed that physical restraint is common in Toronto group homes and youth residences. Sexual and other physical abuse by staff is not prevented nor dealt with uniformly, as there is almost no regulation.

As an Ontario government [panel](#) on residential services [concluded](#) in 2016: “At this time, the Panel notes that *there are no universal, or even common, set of indicators, standards or concepts that might lend themselves to the measurements of quality of care in residential services across sectors.*”

Because there is no adequately tracking of abuse within or across systems, perpetrators are able to re-offend. One recent [example](#) from Barrie, Ontario: a teaching assistant was convicted of attacking an autistic student and breaking his leg. He served time in prison and was out on parole when he was hired by a home care company to care for autistic youth in a group home. Months later, he was arrested for hitting a client across the head and face with a metal water bottle.

**Most Canadian jurisdictions currently have no reliable record-keeping or communication system in place to prevent violent offenders from being hired into home care or other settings** –nor adequate enforcement policy for agencies who make these placements. To live in residential care here is to feel helpless, much of the time. For autistic residents, this can be amplified by a lack of access to appropriate means of communication and sensory accommodation.

Service providers and social services policymakers must move towards an understanding of autistic realities in residential care, in order to develop trauma-informed care that works for all residents. In addition, we need regulation and enforcement to prevent abuse and recidivist violence.

## **Recommendations: Housing**

### Safety in Group Homes

- Government standardized regulation for vetting and hiring of privately-run group home staff, to prevent abuse and recidivist violence.
- A **Bill of Rights** for all group home residents in public or privately-run group homes.
- Standardized training for all group home workers on de-escalations and safety.
  - Restraint is currently the “first resort” for too many group homes.
- Universal record-keeping on incidents of restraint in group homes, modeled on the United Kingdom’s tracking tools for this.
- Audits of private group home corporations to ensure fairness and transparency in their rules and policies, with oversight by community members and independent living experts.

## Housing Autonomy

- Consult with experts on independent/autonomous living to create a *Framework for Autonomous Living*, to empower more autistic and IDD individuals to achieve supported autonomy.
- Look to the best practices of Ontario organizations such as [LiveWorkPlay](#) for models of fostering housing autonomy by offering support in areas requested by individuals such as financial management; meal planning; social gatherings; and co-ordinating supports.
- Look at best practices as well as pilot projects in other jurisdictions and communicate with our federal government about new ideas and potential partnerships in working towards more autonomous living.
  - The [Money Follows the Person](#) pilot project in the US is one promising example.

## **Employment and support**

Poverty and unemployment are a major crisis for autistic people in Canada. Our government should include autistic adults as a category in its next Census and study our rates of employment and income, because these have never been studied.

Flexibility is key for our employment. We recommend that federal and provincial/territorial governments review their disability funding programs to ensure that autistic Canadians can work part-time, or move between unemployment and employment, without being penalized.

The best way to understand what we need is to ask us. One of our members put it this way: “Many people believe that the autism spectrum has two ends with the two ends considered to represent IQ. However, this is not an accurate reflection of how autism presents in individuals; it is a generalization based on observations of outsiders. Autistic people experience varying degrees of issues with motor coordination, understanding nuances of language, ability to filter sensory information, and executive functioning skills.”

Another member wrote: “I cannot stress enough just how much of a problem the current hiring process is. Interviews don’t make sense, and are less based on your actual ability to do the job than your ability to talk yourself up...which, again is difficult to do when speech isn’t always easy.”

The private sector has begun to adapt the interview for autistic candidates (for example, Microsoft and other IT companies do project-based interviews) and autistics working in IT and a range of other sectors are being chosen by the private sector and non-profits to be mentors to other autistics. These are all amazing initiatives that should serve as a model for our federal and provincial governments.

However the Government of Canada does not fund a single one of these programs, [preferring to](#) squander \$600,000 on a “mentorship” program through an “autism centre” *where the mentors are not themselves autistic*, but rather are non-autistic volunteers such as social work students. A social worker is not the same as a mentor and autistic people in the workforce are ready, willing and able to be real mentors. It doesn’t make sense. Further, Canadian and provincial/territorial governments continue to fund big autism agencies’ “employment” projects, without independent data and reporting, rather than the [local non-profits](#) and programs that are bringing real change to hiring and employment for autistic Canadians.

Sheltered workshops. As well, the government should transition sheltered workshop workers out of that isolated, [exploitative](#) environment and into community-based supportive environments and living wages.

In the late 20th century, as part of de-institutionalization in both the US and Canada, many communities opened up sheltered workshops, where workers with intellectual or other disabilities were placed in factories and other workplaces to do jobs for sub-minimum wages, often just a few dollars a day. The low wages were often accompanied by the myth that it was “training” for future employment at a living wage. But it turned out sheltered workers weren’t being trained; they were trapped. “Training opportunities” translated over the decades into dead-end jobs for low wages. IDD workers were not learning skills for the paid workforce and remained unable to earn enough to live independently.

In 2017, the Ontario government [decided](#) to close all sheltered workshops, following the lead of many communities in the United States. All of Canada should. We’ve authored a [statement](#) with Community Living about the closures, supporting the transition away from sheltered workshops towards including community participation supports and employment opportunities at and above the minimum wage. The Canadian Down Syndrome Society also [supports](#) the closure of sheltered workshops and the development of new alternatives and leveraging of existing partnerships and programs.

## **Employment: Recommendations**

- Make the successful transition from school age to adulthood a priority in autism funding.
- Create employment-search support for those who want to work part time but can’t do full time due to disability.
- Audit provincial disability support programs to ensure people are not being economically penalized for going from unemployed to part-time.

- Incentivize employers offering flexibility in service support for disabled employees who need to transition between unemployed and employed throughout their lives.
- Include autism in all disability support and funding policy; de-silo autism policy.

#### Job Searching and Employee Retainment

- With autistics in the lead, develop online how-to information for autistic job-seekers on how to navigate disclosure and requesting accommodations.
- Education for employers on workplace accommodations, to ensure more retention of autistic employees. Can be built from existing resources already in place by the private sector (for example, Apple's hiring and accommodation protocols).
- Mentorship between working autistics and autistic job seekers. Do not fund "mentorship" programs where the so-called mentors are not autistic!!
- Leverage the knowledge of the private sector in creating accessible workplaces.

#### Dignity and sustainability

- Follow through on the provincial ban on sheltered workshops.
- Replace sheltered workshops with meaningful options that maximize opportunities for autonomy and dignity.

#### Youth transitions

- Ensure that autistic youth are specifically included in the language/materials of all job program opportunities for IDD youth, so resources are clearly available and accessible.
- Work in partnership with colleges and universities to develop a framework for inclusive post-secondary education that includes AAC and accommodations that promote student retention and success.
- Commit to reforming the "[school-to-guardianship pipeline](#)", where too many youth are placed under guardianships from their earliest years of majority.
  - Research best practices in least-restrictive decision-making supports.
  - Implement these practices to increase autonomy for autistic adults.

### **Access to Health Care**

We advocate for a national education program for health care professionals to train them on AAC and communicating with autistic patients, as well as simple steps to make hospitals, clinics and the dentist more accessible for autistic people. This education program should have autistic self-advocacy organizations in the lead for developing materials and outreach.

Like everyone else, autistic people need health care. Unfortunately, communication barriers and sensory differences limit our access to health care. This can affect our ability to seek care and the quality of the care that we receive, especially in the ER.

Many providers do not understand how to communicate with AAC users or assume “incompetency” when they meet an AAC user. This creates a barrier to care and can prevent someone from seeking health care when they need it. As one of our members notes: “I have had medical staff look at me using my device, and then ask if I needed a guardian to sign it a form for me. Despite me walking in, by myself, and advocating for myself.”

We recommend teaching incoming and established health care practitioners:

- to understanding the broad communication capacities of AAC users;
- how to communicate with an AAC user (such as waiting for them to finish typing, rather than talking over them); and
- the need to keep AAC accessible during any medical care visit.

### The Emergency Room

Because some practitioners don’t understand AAC or other autistic communication methods, autistic people may receive sub-standard care in emergency medical situations.

The environment of the ER is very stressful to autistic people, because we take in every single sight, sound, word/click/beep/door slam/yell/sob/whisper, smell and feeling (often including others’ emotions) when we enter the ER. We have heard that NTs can internally block these things out (seems weird, but ok) and many of us have our own external methods for helping to block these out so we can function in this over-stimulating environment. These include:

- Noise canceling or muffling earphones and ear plugs
- A stim toy to stay grounded (usually held in our hands or kept close)
- Talking about a special interest
- Echolalia
- Rocking jumping or spinning, as a form of self-regulation
- Our phones, to connect with other autistic people and friends/family

When these are not available to us, or if they are and things are going badly, we may go into sensory overload. This can look like:

- Shut down: going selectively mute, not looking up, seeming unresponsive, being unresponsive.
- Meltdown: crying, yelling, screeching, flailing, falling, swearing (Note: some of us also have Tourette’s)

- Leaving.
- Any versions of the above and others.

These responses could usually be prevented with sensory considerations and communication. They are frequently misunderstood. As one of our members, who had reached the breaking point, recalled “The EMTs thought I was having a meth withdrawal.” Autistic people are vulnerable to abuse, systemic violence or denial of care in these situations, especially those who are Black, Indigenous, People of Colour or Trans. We heard from members that some are afraid to give their autism diagnosis when receiving EMT care or even decline to seek care because of stigma and fear.

The results can be deadly, as in the case of [Oliver McGowan](#), an autistic teen who was in the ER following a seizure and was given a powerful anti-psychotic to which he did not consent and which his parents repeatedly told doctors he had previously had an adverse reaction to. He died from Neuroleptic Malignant Syndrome, brought on by the medication. As Oliver’s mother has [said](#): “We strongly believed that doctors were misunderstanding Oliver’s normal autistic behaviours.”

#### Autism pseudoscience

Autism pseudoscience (or so-called “alternative” or “biomedical” autism treatments) do not have any positive effect on autistic children and there is [no medical basis](#) for any of them. They are [dangerous](#) and [potentially deadly](#) to autistic children. They [cause](#) psychological damage, including PTSD, to the children who are forced to endure them.

All autism pseudoscience causes psychological damage to the children who are forced to endure them. Also, the myth that autism can be removed from a child leaves no room for parents to accept their child for who they are. A child who is being told they will be “detoxed” until no longer autistic, is not given the opportunity for healthy self-acceptance. When the miracle cure doesn’t arrive, it can have devastating consequences for the child and family.

As the Westminster Commission on Autism (UK) [writes](#) in its report recommending improved policy and practice on autism pseudoscience: **“Health care fraud is big business and autism is one of its many targets.”** The United Kingdom has recognized the problem of autism pseudoscience and is working to create more regulations around it. (We encourage you to read their informative and engaging [report](#)). Canada lags behind, still largely relying on so-called “self-regulating” colleges to keep practitioners in check. The problem is, this doesn’t work and children are in danger.

Our federal government needs to follow the UK’s lead and take action. Please read our [Physicians' Guide to Autism Pseudoscience](#) for more information.

## Recommendations: Health care

### Practitioner training

- Training for both homecare support workers and staff in long-term care facilities for understanding how to best support autistic people as they age.
- Partner with medical schools to create an education module for health care practitioners (especially ER) on how to communicate with AAC users.
  - Alternative: support and promote [independent efforts](#) at these education modules.
- Recommended unit for medical schools: “Ask an Autistic,” where autistic people discuss their end-user experiences to educate incoming professionals on communicating with autistic patients.
  - Alternative: support and promote [independent efforts](#) at these education modules.
- Recommended education unit for dental students: trauma-informed care for autistic patients. Evaluate and update existing programs.
- Support online tools for autistic youth and adults on communicating with health providers and institutions (Tools should be created by autistic individuals in partnership with medical institutions, not by “autism service” providers).

### Recommendations: Regulating pseudoscience

- Genuine government oversight of self-regulating colleges (chiropractic, CPSO) to ensure that autistic children are not exposed to dangerous quack treatments.
  - A provincial “do not use” list of autism “cures” such as chelation:
    - This can be modeled on the NHS’s Do Not Use For Autism list and the FDA’s list of banned autism “treatments”.
  - Right to consent laws that protect children from harmful autism pseudoscience like chelation.

## Community education

Canada has little in the way of community education programs to keep autistic people safe and allow us access to necessary services. As mentioned, 99% of Canadian medical students are not trained in speaking with someone who uses AAC (and 25% of autistics are nonverbal or semi-verbal). As well, two thirds of all first responders have no training in communicating with autistic people. These barriers, as well as other communication and sensory barriers, prevent us from getting the care we need and can even lead to deadly results.

## Recommendations: Community Education

- Education on autistic- and trauma-informed approaches to first responder services, medical care and other areas of life, so that we can be included and have the access to keep ourselves healthy and safe.
- ALL community education programs MUST BE informed by autistic educators and overseen by government and autistic self-advocacy organizations, NOT autism service organizations or charities.

## Reforming how autism policy is made

As end-users of services, autistic people are the major stakeholders in all autism policy. **We must be consulted nationally.** Our government also must consult with inclusion experts and other disability organizations within and outside of Canada to understand new models that value inclusion.

We are asking the Government to craft policy that is informed by real inclusion experts, globally, who are making access happen.

## Oversight in Autism Services

It is crucial to have adequate oversight of funded “autism service” organizations and charities to detect conflicts of interest, misuse of funds, sweetheart deals, pork barrel and service monopolies--as well as to assess the relevance, utility and fiscal responsibility of the programs our government is funding.

Unfortunately, some organizations have profited from attaching the words “autism” or “children” to their brand as a way to avoid the type of scrutiny we expect of other businesses. Let’s put a stop to it.

We are asking for **financial audits of every autism service organization receiving government funding**, as well as reviews of how previous federal funding was undertaken, both for transparency and to learn from past mistakes (*e.g.*, where bidding/RFPs were wrongly bypassed and project decisions made based on weak industry data).

## Start using good data

It’s ...a problem when governments give hundreds of millions of dollars to “autism service” projects without robust demographic data about the needs of the targeted population. It’s also a reflection of an antiquated, patronizing approach where non-disabled people make decisions that impact our lives based on tiny selected samples and random theories about how our minds work. That approach doesn’t solve problems; in fact, it only profits when the problems aren’t solved.

Let's solve problems instead. Have the government collect its own data, using multiple databases (or a broad platform like a Census) to collect demographic information and determine gaps in service, areas of need and the (in)efficacy of existing approaches--as they develop new and creative approaches that are also built around data... the data being case studies and pilots from other jurisdictions who have had successes using new and novel approaches.

### **De-silo autism services: Create a National Disability Strategy**

Federal autism policy is currently administratively siloed in the Health Ministry, kept apart from other disability policy. When we asked about this, we were told "that's the way it has to be." Not sure what that means, but it is a very poor decision that should be reversed.

Canada deserves robust accessibility legislation that includes autistic people. We are asking the government to begin to include autistic Canadians in its disability policies, across portfolios--and to do a serious audit of autism service providers and how they have gained government contracts--in order to reform that system. We are also asking the government to meet with autistic self-advocacy groups to hear our ideas and discuss our resources and policy recommendations.

By keeping autism policy silo'd away from other disabilities, policymakers have created a false impression that autistic people's fundamental needs are different from other disabled people. They're not.

We *all* need access, human rights, dignity and self-determination in housing, employment, education and health care. Many specific issues, such as communication rights and access for non-verbal people, also apply across disabilities. Autistic self-advocacy groups, universally, identify with the broader disability self-advocacy movement. National policy should reflect that.

### Opposing the CASDA Blueprint

We are disappointed to see that a non-autistic coalition called the Canadian Autism Spectrum Disorder Association (CASDA) is calling on policymakers to support its blueprint for a "National Autism Strategy" and that some politicians have endorsed this blueprint.

CASDA's plan is opposed by ALL autistic self-advocacy organizations nationally, including all provincial/territorial chapters of Autistics for Autistics, as well as all provincial/territorial chapters of Autistics United Canada and in Ontario by London Autistics Standing Together. Also, the parent-led advocacy groups Autistic Advocacy Ontario and the Ontario Disability Coalition support our statement against CASDA's Blueprint, along with other individuals and groups within the autistic community and disability rights movement in Canada.

A National Autism Strategy led by CASDA would maintain the current broken system of autism services in Canada, where providers oversee wasteful projects that reflect outdated approaches, are not based on robust data and do not meaningfully engage the community.

**In fact, CASDA's multi-million dollar "strategy" is based on a "needs" survey in which autistic people made up less than 5 per cent of survey participants!!** CASDA's strategy meets the needs of service organizations to stay afloat; nothing more.

A working strategy for autism policy would involve critically examining the failures of the current service model; integrating autism as a disability within **all** disability policy; and consulting with disability self-advocacy groups.

#### Outside regulation for ABA

We have grave concerns over the suggestion that BCBA's strike a "self-regulatory body" to keep an eye on other BCBA's. This is equivalent to the foxes guarding the henhouse, in our view. The profession of ABA doesn't just ignore abusive practices among its own members--it endorses them. For example, the Judge Rotenberg Centre, an ABA-designed- and-run centre, has been using shock torture on autistic and IDD people, a practice which has now been banned by the FDA and is classified as torture by United Nations watchdogs. Yet the Association for Behavior Analysis International (ABAI) decided to feature the Judge Rotenberg Center (JRC) at their 2019 annual conference. As the Autistic Self-Advocacy Network [writes](#):

*"ABAI's decision to give JRC a platform at their conference reflects a [continued pattern](#) of complicity in the torture of the very population that they claim to serve. Furthermore, the JRC's presentation at this conference specifically focuses on the 'merits' of the electric shock device. This means that ABAI is more than complicit in the abuse taking place at the JRC: they are actively endorsing these practices."*

Any new regulatory bodies for ABA should be completely independent and arms-length from the industry, with **no** members of the industry represented in any advisory or decision-making capacity. Like other autism pseudoscience, ABA needs to be strictly reviewed by our government through an independent oversight body to regulate and stop abusive practices.

#### **Recommendations: Policymaking**

- A National Disability Strategy. Federal government meets with disability self-advocacy groups, including autistic-led groups, to plan the National Disability Strategy with self-advocates as lead advisors, using *independently* collects data and studied best practices in other jurisdictions.
- Undo the former governments' silo-ing of "autism services" into a single portfolio. Integrate the needs and interests of autistic people into multiple, relevant portfolios.
- Follow the lead of Scotland, who has made it **law** that autistic people be consulted when the Government crafts autism policy, in perpetuity.

- Financial auditing and oversight of all organizations offering “autism services” to prevent price-gouging, monopoly, pseudoscience and unsustainable service models.
- Do not endorse the establishment of a “self-regulating body” of BCBAs.

## **Conclusion**

We all know that autistic people deserve better than the policies Canada has been delivering. We know that we don't have to live segregated lives. Just because Canada has “always done things this way” doesn't mean it has to. There are better ways and best practices elsewhere that our federal government can learn from. By setting inclusion as the standard, the norm, our government can begin to move Canadian autism services into the 21st century.

We are asking the Government of Canada to start now.

## **Appendix 1**

### **Rejecting Old Models and Embracing Change**

Following is a summary of our vision of change, outlining the old models and introducing new models.

#### **Preschool**

**Old Model:** Autistic toddlers tracked into IBI “intervention centres,” where their days are spent being drilled on repetitive tasks, rather than playing and getting to know their peers.

**Disadvantages:** Contradicts **all** child development research that children learn best through play. Alienates children from their peers. Sets up a lifelong pattern of segregation and stigma.

**New Model:** Integrated early childhood centres and community programs for **all** children.

**Advantages:** Children, regardless of disability, play and learn together. Children know each other when they start school because inclusion has been the norm. Less stigma and segregation in the school environment.

#### **School Age**

**Old Model:** Autistic children stigmatized and treated as burdens in the school system.

**Disadvantages:** More children tracked into segregated classrooms and segregated lives. More autistic students in the school-to-prison pipeline. Autistic students in mainstream classes also suffering.

**New Model:** Universal design for communication and sensory accessibility in classrooms, based on best practices in other countries.

**Advantages:** Less suffering, less PTSD, less stress-related mental health issues, greater opportunity and more fulfilled lives for autistic students. Cost savings for government as mainstreaming and acceptance increases.

#### **Housing**

**Old Model:** Segregated housing for “people living with autism.”

**Disadvantages:** Abuse by caregivers, lack of autonomy, social isolation, state-sanctioned segregation with all of its broader social consequences in family, employment and public life. Fiscally unsustainable system.

**New Model:** Independent supported living using the “money follows the person” model.

**Advantages:** Dignity and freedom for autistic people. Better long-term outcomes for fulfilled lives, employment, social and future housing security.



## **Employment**

**Old Model:** Dead-end sheltered workshops for some; for others, unemployment. “Job fairs” by private industry reach only a small portion of the community. Many autistic Canadians who want to work can’t find or retain work due to access barriers.

**Disadvantages:** Endemic poverty and under housing for a community that wants to work, be part of society and have financial independence. Related stress and mental health issues.

**New Model:** Training programs for employers on how to conduct interviews with autistic applicants (per the Microsoft model), across various fields. Accessibility training and mandates for employers and staff. Replace sheltered workshop model with alternatives.

**Advantages:** Significant increase in job retention for autistic Canadians. Improved quality of life and social integration for autistic people.

## **Administration of autism services**

**Old model:** “Autism” care agencies and charities determine the life course of autistic Canadians based on market factors, without ever meaningfully consulting us. Nominal/nonexistent government oversight.

**Disadvantage:** Most programs are developed without **any** input of autistic/IDD Canadians/self-advocacy groups or disability accessibility experts. Lack of meaningful oversight means organizations have ineffective, segregationist service models with waste and redundancies.

**New model:** Annual service and financial audits of existing “autism” care agencies and charities. Cut waste, redundancies. Government **only** funds service models that are based on integration principles.

**Advantage:** Financial incentive to use an integration model. Organizations that promote segregation are put out to pasture. Government keeps autism service organization waste and corruption in check.

## **Federal autism policy**

**Old model:** Politicians accept packages and “strategies” from care agencies and charities without proper vetting, independent data collection, critical evaluation or even a tendering process.

**Disadvantage:** Billions of tax dollars appropriated for “autism” without *any* independent data to show whether the programs will actually work. Government endorses agencies that profit from segregationist programs that don’t meet community needs.

**New model:** Government collects its own data on the autistic community, using Census and/or

multiple databases to determine broad needs around education, housing, employment and services. Projects developed by new entities that support integration.

**Advantage:** An inclusion approach that reflects Canadian values. Better life outcomes for autistic/IDD Canadians. Bringing autism policy into the 21st century. An end to the era of segregation.

## Further Reading

A4A's [Human Rights Report to the United Nations](#)

A4A's [Report and Recommendations to the Government of Ontario](#)

[Autism Pseudoscience: A Guide for Physicians](#)