

Slide 1

Thursday November 14, 2019

Square Peg Society Ideas for BC's Accessibility Legislation

Topic 3

Accessibility Standards

Key to this Document:

The slide numbers indicated in the document below refer to the slides in our accompanying Power Point. The bold text designates an issue of concern to us, or a proposed “ask” that we would like addressed or implemented. *The italicized text represents personal stories, as told to us, over recent years.* The blue text is background information that we included for our audience, and for this submission. **The red text is the questions that were posed to the audience.** The black text, not bold, is the audience responses, included here.

Our Meeting

Twenty-four people attended our community meeting on November 14th, held at PosAbilities in East Vancouver. The audience was comprised of adults on the autism spectrum, their parents, and service organizations supporting Autism Spectrum individuals. At SPS our focus is on the adult population, and, though we are based in Burnaby, our meetings are attended by individuals from throughout the Lower Mainland, and we are followed more broadly, by email and through our website, by people with autism and their families. www.squarepegsociety.ca

Our Process

We divided the BC Framework document into 3 parts, sending out Part A (Model, Definitions, Purposes & Principles) before our meeting, for people to review and respond to on their own, and Part C (Governance, Incentives, & Compliance) after the meeting, again, for people to review on their own. Part B – Topic 3, Accessibility Legislation was the focus of our meeting, the content of which is described below. We did not get a good email response to Parts A & C, but at our meeting on Part B, took 2.5 hours, and attendees were engaged and vocal about these issues. We also received comments in the days following the meeting on Part B, which have been added to this document. A few comments at the meeting touched on Part C; generally, it appears that attendees would prefer mandatory legislation with compliance ensured through both incentives & penalties.



Slide 2

Summary of our Petitions

By addressing the following concerns of our ASD community, the greatest barriers to our success in work & life would be significantly reduced.

The first four points refer specifically to mental health services & their delivery.

We are asking for:

Better Access to ASD Diagnosis and Psycho-educational Assessments, covered under MSP, regardless of the age of the individual.

Shorter wait lists for psychiatric assessments & more support for autism training for medical health practitioners.

Government led assurance that no one will be turned away from mental health services due to an ASD diagnosis.

Government to lead on more mental health coverage within Medical Plans, in the Public and Private sectors.

The next issues address the reality that ASD is for life.

Cradle to Grave support

We are asking that:

- MCFD Autism Intervention Funding be continued to age 21.
- The Criteria for Level of Adaptive Functioning be expanded.
- Adult Services & Programs be adequately funded.
- One-Stop Wellness: Streamlined access to services customized to individuals.

Location & Environment for Adult Services

We are asking for:

Services that are accessible by transit, in community settings, available to any BC resident, regardless of their place of residence.

Education

We are asking that:

Universities & Colleges provide our capable students more “life” supports to augment their classroom accommodations.

Technical & Trades institutions, such as BCIT, create more opportunities for ASD individuals in trades.

Employment

We are asking that:

Government identifies itself as an Inclusive Employer, and demonstrates Inclusive Hiring through its Policies and Practices, and encourages inclusive hiring in the Private Sector.

Government encourage, internally, and in the Private Sector, the adoption of best practices in providing employment for ASD individuals.

Housing

We are asking for:

Affordable housing options that would offer residents maximum independent living in supportive, mixed communities, close to transit and services.

Our Meeting Contents: Petitions, Questions & Responses

Topic 3: Accessibility Standards

The Government of BC envisions accessibility legislation that would support the development, implementation, and enforcement of accessibility standards. These would be developed collaboratively. Accessibility Standards would provide guidance on best practices for accessibility, including desired accessibility outcomes.

At Square Peg Society, Accessibility Standards that truly represent our community is at the heart of our concerns. Shane Simpson, the Minister of Social Development & Poverty Reduction has given his assurance that the findings from these accessibility legislation meetings will be shared, early and often with other ministries, such as the Ministry of Health, Mental Health & Addictions, & Education, and that Accessibility Legislation in BC will be designed to complement other legislation being developed, such as Guaranteed Minimum Income, in recognition that Accessibility Legislation is meaningless if people are living in poverty or without affordable & appropriate housing.

The Government included the following topics under the heading of “Accessibility standards”: Service Delivery, Employment, Built Environment, Information & Communication, & Transportation.

We feel that there are a few oversights: Education & Housing, for example, and have added them to our list. We note also, that “Service Delivery” impacts all of these issues – a program or service is only as good as its ability to reach its intended recipients in an effective and timely way. Furthermore – our ASD community is diverse, and people’s needs vary. We are advocating for a holistic intake program for adults which would explore, with ASD individuals and their families, what their needs are, and how to access the services they require.

The first four points refer specifically to mental health services & their delivery.

We are asking for:

Better Access to ASD Diagnosis and Psycho-educational Assessments, covered under MSP, regardless of the age of the individual, so that individuals receive an accurate and comprehensive diagnosis, and can therefore, seek appropriate treatment.

These are the experiences of ASD individuals or their parents, as they have described them.

Lived Experience 1) Please can you help me! I feel I am going crazy as I discover that I may be autistic at 51 years of age, i am all alone and not one who cares that i live or die, and today I wish to find the truth to my life's struggles.

Lived Experience 2) As I grew past my teenage years, it was painful to watch many of my fellow classmates and friends in college and university move on to successful careers and start families. I always found it hard to make a good impression at job interviews and spend most of my life doing manual labour work in factories and warehouses in spite of having a degree in engineering and an MBA. After getting my official diagnosis in 2013, I went to WORKBC with the knowledge that I have a neurological condition that makes it difficult for me to interact with people, especially in causal situations. I completed a number of workshops and attended one-on- one meetings with the WORKBC case workers and job developers over the next 2-1/2 years. (This person now has a full time permanent job).

Slide 3

Autism is being diagnosed more frequently than ever before (1 in 51 in BC, David Worling,), with the incidence in males to females thought to be 4-4.5 to 1. However, many individuals continue to remain undiagnosed, unless they are flagged in school. Too many people are still shuffled along, because they are “bright”, or even gifted in certain areas, or present no aggressive or disruptive behaviors in class, only to have serious emotional problems later, or to be unable to function post-high school. Families do not seek diagnosis without cause. However, many do not pursue a diagnosis due to the out-of-pocket cost (around \$3000.00). As an indicator of this need, in a six month period in 2019, Autism BC received 255 requests for adult assessments. A diagnosis is the

prerequisite for any available funding, for a disability tax credit, for a Registered Disability Savings Plan (RDSP), for accommodations in university programs, for scholarships & grants, for access to some employment programs, and for peace of mind.

(We asked the meeting attendees to answer for themselves, or for their supported person, and/or based upon knowledge of ASD individuals who they have worked with).

Slide 4

Have you had difficulties accessing diagnosis? 5 Yes, the cost was prohibitive.

Diagnosed younger than age 6? 2

Diagnosed between the ages of 6-18? 2

Diagnosed as an adult? 5

Self-Identify as ASD? 3

How has having (or not having) a diagnosis impacted you?

1) I was diagnosed at age 29, but there were no services offered to me – Medication was not required, and talk therapy was too costly.

2) Parents, like myself, often do not seek a diagnosis for our teenagers because we know that for higher functioning children, once past the age of 19, it is unlikely that they will receive any funding for services or treatments.

We are asking for:

Shorter wait lists for psychiatric assessments & more support for autism training for medical health practitioners.

For many ASD individuals their disability is largely invisible, and the individual does not feel “sick”. So, unless an individual and their family have a relationship with a family doctor, their condition may go undiagnosed. If they are referred to a psychiatrist, wait lists are long. Many psychiatrists do not have current autism knowledge as there is a lack of autism training for medical practitioners in med school and after. In response to this situation, Dr. Anthony Bailey has offered this year, limited training seminars in the diagnosis and treatment of autism. The Department of Psychiatry at UBC is also exploring ways to increase autism training amongst medical practitioners. In addition, there is a lack of autism expertise in mental health programs, such as for anxiety & depression reduction, and in social skills programs. The lack of confidence in their knowledge that practitioners feel makes them uncomfortable about including individuals with autism in their practices & programs.

Slide 5

Have you found it hard accessing mental health services due to:

Cost? Yes, due to cost.

Difficulty finding a practitioner with autism experience or training?

1) Yes, because there are too few qualified practitioners.

2) The reluctance of doctors to take on autistic patients may be due, in part because they know that there is nowhere to send them – no treatments or services.

Wait time to see a practitioner? Waitlists are so long that by the time we are able to see someone our most important concerns have changed!

To book an appointment have you had to wait:

Longer than three months?

Longer than six months? 10

We are asking for:

Government led assurance that no one will be turned away from mental health services due to an ASD diagnosis.

Since I found out about Autism 10 years ago, I was keep looking for support or communication skill training or anything... but there was nothing. Someone told me something, then they send me to some other thing, then, the next people told me something else... end up with the first place... it was just keep going like that for the past 10 years.

While it is not policy to turn away people because of their autism diagnosis, it is practice. A large percentage of Autism Spectrum individuals will, at some point in their lives, also have mental health disorders, primarily anxiety & depression. **slide 6** Twenty-two percent to 84% vs 2-20% in “typical” populations will experience Anxiety disorders (DW). **slide 7** Ten percent to 53% vs 7% in “typical” populations will experience Depressive disorders. (DW) **slide 8** The following slide represents the rates of mental health disorders amongst ASD individuals relative to the neuro-typical (NT) population (DW). ASD individuals who are gender diverse, are even more likely to experience mental health issues. **slide 9**

Today, the largest sector of the ASD population does not have a significant intellectual disability – 70% of ASD individuals diagnosed have an IQ of 70 or greater. (DW) These capable individuals are among the most likely to experience mental health issues. By their own expectations and those of others, they are competing with their neuro-typical peers for jobs, housing, post-secondary

placements. Yet they are different and their disability is real. These stresses and the ensuing mental health issues are often more problematic for these people than autism, and are barriers to their success in work, school, and in their relationships, and therefore, their overall happiness. They have a lot of productive life ahead of them, but many are having difficulty accessing appropriate and affordable mental health treatment.

Slide 10

Is access to mental health supports important to you? 16

Have you been turned away from mental health supports? 15

If so, what were the reasons given to you for this?

- 1) I have been turned away because I have autism even though I was seeking help for anxiety, a mental health condition.
- 2) I have on some occasions been placed in group programs that were inappropriate for me, with other participants who had serious cognitive or mental health issues or addictions, or was turned away from programs because the facilitators had no autism expertise, or because the program setting was too distracting for me to feel comfortable.
- 3) Parents of adult children are excluded from the process, even though the young adult is unable to follow through with the program/therapy on their own.
- 4) Unclear or inconsistent definition of “functioning” for me to be considered eligible for the program/therapy.

We are asking for:

Government to lead on more mental health coverage within Medical Plans, in the Public and Private sectors.

After the Autism Intervention Funding ended at the age of 19, even though we knew that our son needed consistent psychological counselling, we simply could not afford to regularly pay \$200 per visit, and wait lists for psychiatrists were so long that there was no hope of getting a timely appointment in times of crisis. He had threatened self-harm, and I was afraid every time he did not answer his phone.

Recently Dr. Bailey shared the following quote from: *Thriving at Work: The Stevenson/ Farmer review of mental health and employers 2017*

“We start from the position that the correct way to view mental health is that we all have it and we fluctuate between thriving, struggling and being ill and possibly off work. People with poor mental health, including common mental health problems and severe mental illness, can be in any of these groups. An individual can have a serious mental health problem but – with the right support – can still be thriving at work.’

While many of our regions do fairly well providing emergency mental health care, for ongoing care for people with mild to moderate mental health care needs, there are long waiting lists to see psychiatrists with autism experience. This is also true of psychological counselling, and the cost is prohibitive for families. Access to care can keep people functioning in their jobs and relationships, reduces the incidences of crisis when people are not functioning, and makes “getting back on track” easier. **Slide 11** Dr. David Worling has shared research that indicates that most ASD individuals require only minimum mental health interventions, and that, with as little as 4 hours/month they can manage their conditions. Furthermore, this amount of intervention is likely to reduce over time, under normal conditions (DW).

A report entitled “Making the Case for Investing in Mental Health in Canada”, that was commissioned by the Mental Health Commission of Canada (MHCC) in 2010, makes it clear that the economic cost to Canada is at least \$50 billion per year. **Slide 12** This report states that there is strong evidence that investing in effective mental health programs can make a difference to the economy and to the health of the population. Currently, the ASD population represents only 34% of the labour force, and, we believe, has a much higher capability to participate. **Slide 13** In “Changing Directions, Changing Lives: The Mental Health Strategy for Canada “, offers a range of proven and promising practices that can make a difference to the bottom line and to people impacted by mental health problems and illnesses in Canada.

https://www.mentalhealthcommission.ca/sites/default/files/2016-06/Investing_in_Mental_Health_FINAL_Version_ENG.pdf

Has the state of your mental health ever interfered with your ability to function at work or school? (Y) 13

What are the primary barriers to getting the mental health supports that you need:

Cost? 12

Limited number of Medical health practitioners with autism expertise? 15

Waitlists? 13

Service Delivery: Cradle to Grave support

We are asking that:

- **MCFD Autism Intervention Funding be continued to age 21. Our kids mature more slowly, and need additional support through transition to adulthood.**
- **The Criteria for Level of Adaptive Functioning is too low and too narrow, as it does not consider executive and social skills well enough to capture a person’s ability to live and function independently in work & life.**

Slide 14

I also have vision, hearing and face recognition problem. My motion vision is extremely poor. I can't pick up conversations in noisy area. Everything sounds same volume. I cant recognize person who i talked for a half an hour yesterday. I can't recognize co worker when i meet outside of work. I don't receive any support and work 40hours a week. My iq is way too high to get support. I can support myself now, but not sure about future.

Autism does not end when an individual becomes an adult. Over the past few decades, autism has been treated as though it was “curable”, with much emphasis placed on changing behaviour through “early intervention”, and with most of the programs and funding being directed to children. In British Columbia, at age19, young people with developmental disabilities “age out”, resulting in the termination of provincial Autism Intervention Funding. For many, re-instatement as an adult is uncertain, bureaucratic & costly. For many their “Functional Ability” is too high for them to qualify for Person With Disability (PWD) assistance. A similar situation applies for Community Living BC (CLBC) Personal Supports Initiative funding (PSI). The 70% of ASD individuals who have an IQ of greater than 70, and who are found to have “Levels of Adaptive Functioning” higher than 55, are ineligible for CLBC PSI funding as adults. Even though they may have had Autism Intervention Funding as children, and are eligible for a Disability Tax Credit, they are not eligible for financial assistance as adults.

We are asking for:

Adult Services & Programs to be adequately funded.

Recently I have been working with a Behavioural Consultant and have improved in the following areas -attending social groups in my community, practicing social skills in community settings, learning more about body language, eye contact, and tone of voice, and practicing these with friends, taking risks to meet new people (e.g. attempting to go on date and reconnecting with old friends), and working on developing open communication with family members.

After high school, ASD adults no longer have the stability and social interaction that school provided, find themselves with little employment experience, or post-secondary training, are without strong social networks, and without financial support or services. D. Worling presented to us data from 2015, showing that ASD individuals have only a 34% rate of participation in the workplace. (DW)

Please see below what, at the meeting, was a handout asking people to rate the kind of funding that would be most valuable to them. Slide 15

In which areas would more funding be most helpful to you?

Service Delivery: Cradle to Grave support

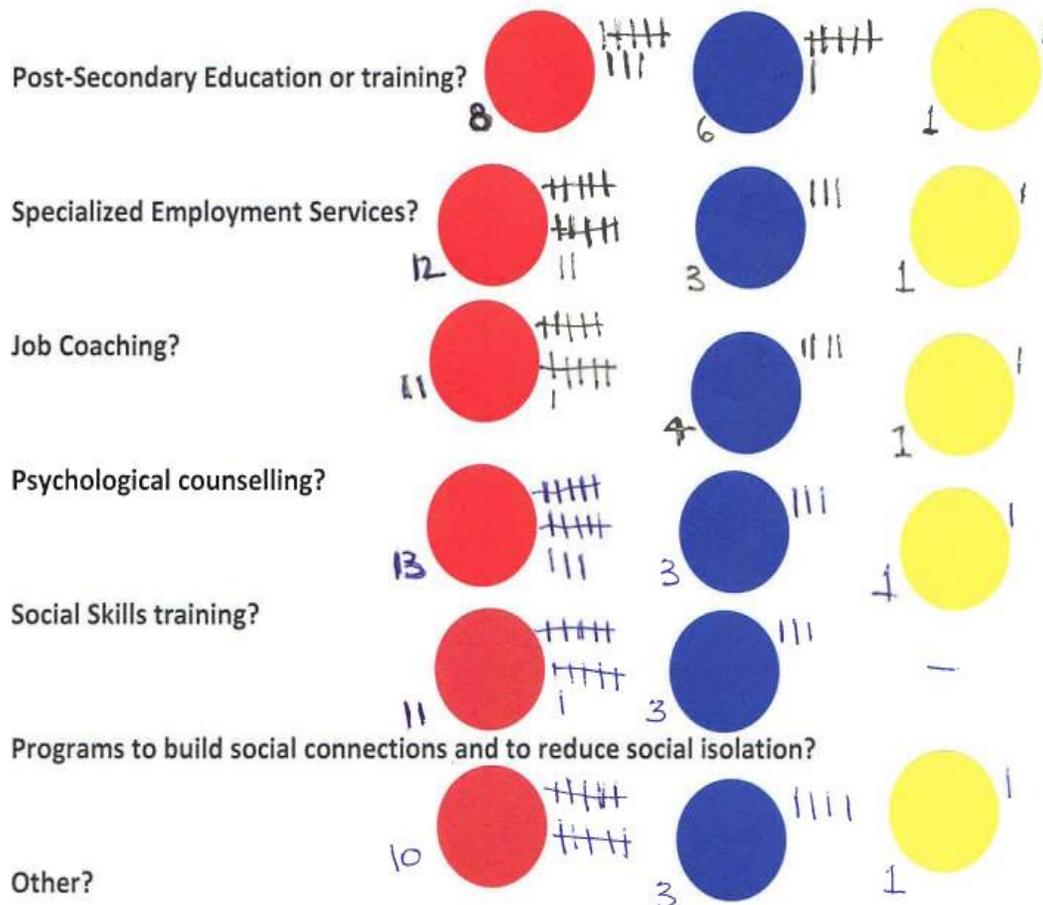
In which areas would more funding be most helpful to you?

Red = Very Important

Blue = Important

Yellow = Somewhat important

Leave blank those of little importance to you.



Resources for self care

What was your experience transitioning from high school?

- 1) With the loss of school supports, I experienced isolation & depression.
- 2) I did not finish high school – I fell in with a bad crowd, and self-medicated. Finally completed GED as an adult, and was lucky to find a counsellor who supported me in getting an ASD diagnosis at age 29.
- 3) I feel “aging out” should occur as late as age 30, as at 21, I had not yet found my path.

Service Delivery: Cradle to Grave support

Slide 16

We are asking for:

One-Stop Wellness: Streamlined access to services customized to individuals

- 1) *Yet Again, this time because I was in bed from around 14:00 to 00:30 because I was depressed but stayed at home instead of going to my office. I cannot control my emotions, which means that my emotions control me.*
- 2) *Also, in Canada, they divide everything by the age. If over 35, we have to deal everything with much older people. Unfortunately, I don't enjoy the group of people average age of 70 or so. Age... better not to tell... you guys will put me to group of way older than me with serious mental problem or drug addicts. It happened in the past and It does not help me at all.*
- 3) *Our son is 32, and is living on his own but is working for my husband. However, this isn't working – he is abusive toward both me & my husband, is drinking excessively, has, or is creating other problems. We are still supporting him financially, and just don't know what to do anymore.*

People are whole beings, and often need help in more than one area. Long term, we need to be functioning in all facets of our lives; all of us do better if we have meaningful work and activities, good nutrition and physical activity, good social connections, and good mental health care. To achieve this a team approach is needed, with a range of specialized services, and thorough intake, where an individual's most pressing needs would be prioritized. An individual would be directed to several services, where the various practitioners are communicating with each other, with the client, and with their support network (ie, families), over time and progress. This implies a comprehensive understanding of existing services, such as specialist employment agencies, mental health supports, physical fitness and nutrition, life & social skills, and community connections.

We believe that The Foundry is a model which aligns with the above values. The following description is taken from their website:

“We believe youth deserve a health experience that caters to their wants and needs. Located in heart of downtown Vancouver, our centre provides young people from ages 12 to 24 with easy access to primary care, mental health and substance use services, psychosocial rehab supports, peer support, supported employment and recreational activities all housed under one roof...From counselors to doctors, from occupational therapists to income assistance specialists, the skill and diversity of our team is the key to the centre’s success. Each team member uses their expertise and talents to connect a young person with the care, community resources, and fun activities they need to lead a healthy, fulfilling life.” <https://foundrybc.ca/vancouver-granville>

Good Practices:

The Foundry, in BC, serving ages 12-24. We would like the Foundry concept expanded to serve older adults.

If not the Foundry, could Keltie Mental Health Services be elevated from being only a resource service to being also an intake/referral service?

Have you been excluded from programs or services because you were beyond the age range of that program? (Y) 9

Is the Foundry model one that would make sense for you? (Y) 15

Have you consulted Keltie Mental Health Services? (Y) 3

Did you find helpful/useful information? (Y) 1

Location & Environment for Adult Services

Slide 17

We are asking for:

Services that are accessible by transit, in community settings, available to any BC resident, regardless of their place of residence.

- Many ASD individuals do not drive; services in existing community buildings, such as community centres or libraries have the advantage of being well-placed, and, as they are “normal” to everyone’s lives, they are familiar, and without stigma.
- Clients from one health region and/or community should be able to attend programs in another region. This would allow individuals to participate at a location & time that makes sense for them &

their life. Assuming that regions are communicating about what programs are being run, when & where they are run, and are transit accessible, redundancies in programming could be reduced. Programs could then compliment, rather than compete with one another, and therefore, would more likely run at capacity. Fully subscribed programs could then be repeated, learned from, and would attract expertise, allowing exceptional programs to emerge.

To what extent has the location of a program or service been an issue for you? (Y) 12

Have you been turned away from a program or service because you did not reside in the right jurisdiction? (Y) 11

- 1) Vancouver programs are not available to Burnaby residents and vice versa.
- 2) Transit is not adequate for attending evening programs.
- 3) Remote locations don't work for adults reliant on transit – for example, the location of Autism BC offices at Pacific Autism Family Centre in Richmond.

Education Slide 18

We are asking that:

Universities & Colleges provide our capable students more “life” supports to augment their classroom accommodations.

1) Being at university among others my age, made me even more self-conscious that I was “different”. Everyone else seemed to be hanging out with friends, while I was alone. Although, I appeared just like any other girl my age, I was struggling to navigate through social interactions, fearful of rejection.

2) I was so anxious that I wouldn't be able to keep up – to study, write my papers and pass my exams – therefore proving that I wasn't smart and capable enough to be at university, but having no idea as to what else I could do.

Many young adults have difficulty post-high school assuming adult responsibilities. University students are expected to manage their time and their tasks independently. ASD students, who tend to have difficulties with executive functioning tasks, such as organizing, prioritizing, and allotting sufficient time for tasks, and with knowing how and when to ask for help, may find these expectations daunting. As well, ASD individuals are likely to have social skills deficits, and generally, to mature slowly, so, making the leap to a university setting may be over-whelming for them.

Please see below the 2nd handout at our meeting. Slide 19 What type of assistance or services would most help you succeed in post-secondary education (college, university, or other post-secondary institutions)?

Education

What type of assistance or services would most help you succeed in post-secondary education (college, university, or other post-secondary institutions)?

Rank the following: Red = Very Important, Blue = Important, Yellow = Somewhat important. Leave blank those of little importance to you.

Would you like academic counselling to go beyond course selection & program requirements, to help to bridge gaps in "adult abilities" through:

- A discussion of slow entry and part-time programs? 10 3 3
 - Would you like counselling to include time management and organizational skills, sleep, fitness & nutrition plans, and that requires periodic student check-ins? 13 11 1
- Would you like social isolation to be addressed, possibly through:

- Peer mentorship programs that are aimed at social integration as well as academic problems, and that also require regular check-ins beyond orientation week? 9 11 11

Do you think that student anxiety & depression could be reduced by:

- Providing decompression spaces (open to all students), perhaps offering meditation, mindfulness, & yoga sessions? 5 2 11
- Providing more mental health counselling for students on an ongoing basis, beyond crisis situations, in convenient locations or through Skype, where the student can see the same counsellor? 8 5 1

Would it be helpful to your family if more scholarships & bursaries were available for ASD students, and that Accessibility Departments would make students aware of these opportunities and encourage them to apply? 12 4 10

Are there additional services/supports would you like from a post-secondary institution?

- Career Counselling/ Coaching
- Behavioral Support
- Autism-aware assistance filling out student loan forms
- Autism Specific Peer Navigator
- Co-Op Program for ASD students to transition to workforce.

Have you attended or do you plan to attend a University or College program? (Y) 18

What worked/didn't work for you in your post-secondary program?

What didn't work:

- 1) Over-crowded classrooms were a barrier. There needs to be strategies/accommodations to reduce sensory over-load.
- 2) Advisors & profs need to know more about autism, and about other developmental disabilities and mental health issues, and about best practices for addressing them. The impression that we received from our university was that profs were at their maximum capacity and were unprepared to give time to learning about our "invisible disabilities". Why does the person with autism have to do all of the adapting?
- 3) When trying to apply for a student loan, we got a run-around between Financial Aid & Disability Services – A Navigator who understands autism would have been helpful.
- 4) I would have liked a road map of services – what the available services are, and who and what department offers them.
- 5) More direction/coaching for students as they approach the completion of their degree – to help them explore options for finding a career post-graduation.

What worked?

Vancouver Island University & UBC Okanagan were positive experiences. There was better communication with students, warm counsellors. Students were invited to sample courses and there were several campus tours.

Retrospectively, do you think that it is better to do fewer courses the first year/each year? (Y) 13

Retrospectively, do you think that a post-secondary Access program, such as at Douglas or Kwantlen College, would have been a better start for you, before attending a regular program? (Y)

The Access program at CapU was useful for preparation. However, it was not clear if all the students attending this program were intending to carry on to a regular program. Perhaps those who have the intention to proceed to regular university programs should be in a separate program?

Slide 20

We are asking that:

Technical & Trades institutions, such as BCIT, create more opportunities for ASD individuals in trades.

Not everyone on the Spectrum is suited to be either a computer genius or a shelf stocker in a warehouse— I like working with both my head & my hands!

This might be achieved through more collaboration/integration with:

- **Access programs, such as at Douglas & Kwantlen College.**
- **Specialist employment programs, such as Ready, Willing, & Able, PosAbilities, or WorkBC.**
- **Faculty – supporting faculty through education and awareness on how to better include ASD students, perhaps by working with Presidents Group, similar to their work creating awareness with employers.**
- **Trade programs could create more opportunities for slow entry & part-time studies.**

Have the technical/trades programs that you were interested in, been available to you? (Y)5 (N) 7

What was your experience in a technical/trade program like for you?

- 1) Often ASD individuals require additional time to process information. Not enough time was given for task completion & for development of technological skills.
- 2) I would have liked a reduced course load, in order to complete my program over a longer period of time.
- 3) I would like the instructors to have some knowledge of developmental disabilities such as autism.
- 4) I would like some trades & technology programs to be broken down into smaller units, so that it would be possible to complete one unit, and a subsequent unit at a later date.
- 5) It would be helpful if there were programs/supports to help graduates find an apprenticeship/job. Without encouragement, neuro-typical graduates will out-compete ASD graduates for positions.

Did you complete your program? (Y) 2 (N) 3

Employment

We are asking that:

Government identifies itself as an Inclusive Employer, and demonstrates Inclusive Hiring through its Policies and Practices, and encourages inclusive hiring in the Private Sector.

The fact that the company was described as a diverse workplace encouraged me to disclose in my job interview, and this enabled me to ask questions about their management style and training process. I could also tell them what conditions I need to do my best work. (He got the job, and it's a fit!)

We want to convey to government (and employers) the following about ourselves & our views:

- Working is good for one's mental & physical health; job satisfaction correlates with life satisfaction.
- ASD individuals want to work, are capable of employment, and meet employers' expectations of employees. (D. Worling) **Slide 21**
- There are internal & external barriers to successful employment. Interventions should be targeted to these areas of challenge. **Slide 22** Some of the areas of challenge for ASD individuals are shown in slides 22 & 23. **Slides 23** Support for pre-employment training courses and adult life skills training can help raise awareness of and add these barriers.
- Nothing About Us Without Us – we want to be asked about what we need.
- It can be helpful for employers to provide work-arounds for executive functioning or social skills challenges, for example, by making the implicit explicit by providing lists, or "rules" about lunch or break times, about dress code, etc.
- Watch for behaviour changes that might indicate a problem or misunderstanding.
- With the permission of the person, establish at the outset if it is OK to consult with families or other support persons. These people know the individual best, and may have insight into their behaviour.

We are asking that: Slide 24

Government encourage, internally, and in the Private Sector, the adoption of best practices in providing employment for ASD individuals.

I always found it hard to make a good impression at job interviews and spent most of my life doing manual labour work in factories and warehouses in spite of having technical & business degrees. I was disappointed that my higher education failed to help me find a more meaningful way to earn a living. Even after completing a federal work search program and holding a part time job in a warehouse, I became disillusioned when I could not find employment that suited my talents.

Please see below the 3rd handout at our meeting. Slide 25

Which of these employment practices/policies are most important to you? That would enable you to be successful in your job?

(See handout below)

Employment

Which of these employment practices/policies are most important to you?

That would enable you to be successful in your job?

Red = Very Important, Blue = Important, Yellow = Somewhat important. Leave blank those of little importance to you.

- 
- I would like to be able to slowly transition into a new job, building up to full time work over time. (Red circle with 8, Blue circle with 2, Yellow circle with 2)
 - I want to be asked about my learning style, and about accommodations that I might need, ie, sensitivity to noise, lights, scents, distractions, interruptions. Asked in the interview process and later, through regular check-ins. (Red circle with 9, Blue circle with 2, Yellow circle with 11)
 - Prior to being offered or accepting the job, I would like the employer to clearly explain the job requirements, and hours of work, and I would like to be able to ask questions about the workplace and management style. I would like to be assured that I am a good fit to the job and work environment. (Red circle with 10, Blue circle with 2)
 - I would like clear directives (written, or visual as well as verbal if there are more than 3) about my tasks, which clearly describe the employer's expectations and workplace hierarchy. (Red circle with 8, Blue circle with 7)
 - I would like to have a job coach and/or a peer mentorship in the workplace, at least until I know the job. (Red circle with 8, Blue circle with 2, Yellow circle with 3)
 - I would like regular performance feedback, whether or not there is a problem with my work. (Red circle with 7, Blue circle with 4, Yellow circle with 1)
 - I would like employers to provide an opportunity for career growth – for my job to expand over time, for me to take on more responsibility (and to earn more!) through additional education/training. (Red circle with 8, Blue circle with 6)

What practices/conditions have negatively impacted your ability to succeed at work?

- 1) Though some employers are well-intentioned, they need more education/training on how to be inclusive employers for people with developmental disabilities such as autism. For example, using plain language – avoiding the use of idiomatic expressions & metaphors.
- 2) WorkBC case managers are not sufficiently trained to assist ASD individuals in finding and keeping employment – it is a matter of luck to find someone who understands you and who is able to direct you to an appropriate employer and type of employment.
- 3) WorkBC requires a more step-by-step personalized approach.
- 4) The requirement of 2 years of employment experience is a barrier for ASD individuals.

What practices/conditions have enabled you to succeed at work?

- 1) More ASD individuals would succeed at work if more employers would adopt the employee training practices of companies such as Cineplex, Safeway, Save-on-Foods.
- 2) Recently, my son's friend received a letter from Ikea, acknowledging his job application which included disclosure of his ASD diagnosis. He was invited to tell them, at Ikea, how, and under what conditions, he would like to be interviewed. This is real progress!

Slide 26

Good practices:

Work-Able, BC Public Service Internship:

This program this year has offered 21 one year paid internships in a range of Ministries, to Persons with Disabilities who have recently graduated from an accredited post-secondary program. Upon completion of their internship, participants will be eligible to apply for positions in government ministries from within government. These positions have been found by looking within Ministries for work backlogs in order to create these temporary employment positions, and represent a great entry level employment opportunity for individuals. Odette.Dantzer@gov.bc.ca

<https://www2.gov.bc.ca/gov/content/careers-myhr/job-seekers/internship-co-op-opportunities/work-able>

BC Government support to President's Group to encourage business to hire inclusively:

BC Government funding has enabled The Presidents Group to train more than 250 people to raise awareness about inclusive employment. Employer education, counselling for specific situations that arise, and on-the-job coaching are some of the supports that will ensure successful integration of individuals in the workplace.

Do you have knowledge of similar initiatives? (Y) HSBC, VanCity, SAP

Can you envision ways that these ideas could be taken further? (Y)

- 1) 21 internships per year is a drop in the bucket. Many more programs like this are needed.
- 2) Unionized workplaces can present a barrier to inclusive hiring. Tap into union culture through the lived experience of union members and their families – some of their loved ones will also be ASD.
- 3) The Work-Able program could be extended beyond recent graduates to include graduates who are still looking for work after two years.
- 4) The Work-Able internship concept could be extended to positions that do not require a degree/diploma, by offering a similar parallel program.

Housing

Slide 27

We are asking for:

Affordable housing options that would offer residents maximum independent living in supportive, mixed communities, close to transit and services.

My son, 56 years old, who was previously misdiagnosed with a mental health condition, and who now has been diagnosed as ASD, is in urgent need of housing as he no longer wishes to live alone. In fact, I am concerned that, if he continues to live alone, he will fall back into previous substance abuse patterns, and will be socially isolated.

What is your hope for housing for you?

- 1) Self-directed co-operative housing with friends and/or limited supports.
- 2) We want safety without segregation. People with autism may be housed with people who have substance abuse issues, who are fleeing from domestic abuse, or who have mental health diagnoses. As many ASD people do not easily read the social subtext, and who take people and situations at face value, under these conditions, they can be vulnerable to exploitation.

Do you aspire to living independently, in your own home? (Y) 19

What supports would you need to do so?

- 1) Requires federal, provincial & municipal collaboration to even come close to achieving the affordable housing, close to transit, and in community, that we need.
- 2) We need programs where families can partner with government and financial institutions in order to develop appropriate and affordable housing for our ASD sons and daughters.
- 3) Make it mandatory for developers to include affordable rental housing in every project.
- 4) Provide density bonuses for projects which provide a pre-allocated number of inclusive housing units.

Slide 28

Other Areas for Consideration

Are there other areas that we have not considered?

Contact us at Square Peg Society: joetteheuft@gmail.com

Slide 29

This document was developed with input from:

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Slide 30

Thank you all for coming and for your hard thinking on difficult subjects!