



Childism, Adulthood, and Language Barriers in Equity, Diversity and Inclusion (EDI) Messaging: An Analysis of EDI Statements across Child and Youth Autism Centres, Clinics and Hospitals in Canada

FIONA J. MOOLA

Toronto Metropolitan University & University of Toronto, Canada

TIMOTHY ROSS

Holland Bloorview Kids Rehabilitation Hospital & University of Toronto, Canada

NIVATHA MOOTHATHAMBY

Toronto Metropolitan University & The Princess Margaret Cancer Centre, Canada

SUKYOUNG HONG

University of Toronto & Toronto Metropolitan University, Canada

METHUNA NAGANATHAN

SAAAC Autism Centre, Canada

CLARISSA YU

University of Toronto, Canada

LOUISA DONATO

Toronto Metropolitan University, Canada

ABSTRACT In the past three years, organizations in Canada have been asked to better address issues of equity, diversity, and inclusion (EDI). Organizations have been encouraged to self-reflexively look inward, to examine how institutional policies and practices serve EDI goals. EDI is increasingly regarded as a social justice issue. In the Canadian autism and autistic community, more attention is being devoted to EDI. However, to date EDI messaging has not been explored in the context of child and youth autism centers and hospitals. We conducted a scan of EDI messaging across child and youth Autism Spectrum Disorder (ASD) centres in Canada. We utilized a document analysis approach. We found major geographic disparities in EDI messaging with most

Correspondence Address: Fiona J. Moola, School of Early Childhood Studies, Toronto Metropolitan University, Toronto, ON, M5B 1X8; email: fiona.moola@torontomu.ca

ISSN: 1911-4788



EDI messaging originating from Ontario. Some ASD centers did not have EDI statements. EDI messaging was mainly directed toward adults, and in this way reflected discourses of childism and adultism. Despite Canada's growing language diversity, EDI statements were mainly in English only and reflected a lack of engagement with other languages. Statements were Euro-centric. Vagueness in EDI statements, tokenistic EDI statements, and a lack of attention to intersectionality in EDI statements continue to be problems of a moderate scale. Finally, many ASD centers were reliant on broader institutions' EDI statements and did not generate their own EDI statements. Suggestions to improve EDI messaging in the context of pediatric care – such as engaging children and families in the writing of EDI statements and taking accountability and responsibility to generate one's own – are proposed.

KEYWORDS autism; equity; diversity; inclusion; children; youth; hospitals; social justice

Introduction

After the public murder of George Floyd in 2020, there was an unprecedented rise in institutional concern about equity, diversity, and inclusion (EDI) across most major organizations.¹ Weir and Wyman (2021) suggest that from multi-billion-dollar corporations to small, local businesses, every company and organization has been tasked with looking inward and reckoning with EDI issues. Important scholarship on EDI issues within institutions (e.g., academia, medicine) exists (Byrd et al., 2022; Ely, 2021). Healthcare organizations, such as hospitals, health care centres, and clinics, are also beginning to grapple with questions of EDI (Soklaridis et al., 2022; Ward et al., 2022).

Although autism impacts the lives of adults in profound ways in contemporary society, in Canada most funded autism programs are focused on meeting the needs of children and youth (Ministry of Children, Community and Social Services, 2019). Unfortunately, this may leave many autistic adults with insufficient support. Although clinical programs focus heavily on children and youth to the exclusion of autistic adults, these child and youth-focused ASD programs have not engaged thoroughly with EDI issues. In this article, we turn to the complex issue of EDI in the context of child and youth autism programs in Canada. We examine EDI messaging across child and youth autism centres in Canada. This includes hospitals and ASD centres and clinics; it does not include applied behavioural analysis programs.

The definition and diagnosis of autism is far from simple. According to dominant biomedical perspectives, Autism Spectrum Disorder, or ASD, is considered to be a pervasive neurodevelopmental disorder that impacts approximately one in 66 young people across Canada (Ofner et al., 2018, para. 2). Today, medical communities use the term ASD. Further, ASD is noted in

¹ Due to funding cutbacks and right-wing conservatism, however, EDI initiatives have recently suffered somewhat (see Williams, 2025).

the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (Kulage et al., 2014). More critical and radical autism groups prefer the term “autistic community” and “autism community.” Here, the autistic community is used to denote people with autism and the autism community is used to refer to parents, siblings, family, and providers of care. Of note, some members of autism and autistic communities may find the term “ASD” offensive. The autistic community and autism communities may differ in important ways. Unfortunately, parents and families, however close they are to the experience of autism, are not autistic themselves and may have needs that differ from their loved ones. Additionally, there is debate between autistic and autism communities over whether behavioural compliance is important (Gruson-Wood, 2016). Radical and critical perspectives on autism generally do not embrace person-first language, in which disability is secondary to autism. Rather, identity-first language is adopted and celebrated – autism is thought to be central to identity. Finally, the neurodivergence movement has been pivotal in developing a strong ethos of resistance that refutes the biomedicalization and pathologizing of autism (Kapp, 2020). Although the history of the term neurodiversity is somewhat debated, an international group of autistic people has described the origin of the term as a collective act that is attributable to the insights of many members of the mid-1990s autistic community (Botha et al., 2024). Although we do not entirely agree with the term ASD, it is used in this paper because many child and youth autism programs use the label of ASD.

The autistic and autism community are deeply impacted by EDI issues (Khanlou et al., 2017; Saxe, 2017; Scott et al., 2021). For instance, important new journals, such as the *Canadian Journal of Autism Equity*, now exist and are geared toward raising awareness about the equity issues that impact autistic Canadians (Krasnodembski et al., 2021). While institutional EDI matters are clearly receiving more attention in medicine, and specifically in autism circles, there remains an absence of scholarship concerning the EDI messaging of major child and youth autism clinics, centres, and hospitals in Canada. Of course, EDI messaging may not be indicative of EDI organizational attitude, and we elaborate on this in the discussion section. Nevertheless, continually paying close attention to autism EDI messaging is an important task in the current socio-political climate in which EDI has clear connections to social justice. First, research shows that historically, autistic people have been ignored by mainstream media (Krasnodembski et al., 2021). Autistic communities have also faced many barriers to health equity (Scott et al., 2021) and in all aspects of social and institutional life (Saxe, 2017). Secondly, research suggests that in the rush to engage EDI in recent years, most organizations have failed to engage adequately with disability as a form of social difference and have maintained a greater focus on race-based EDI efforts (Weir & Wyman, 2021). Finally, websites serve as important sources of public-facing messaging (Rankin et al., 2022), as the information they provide signals what organizations value. During COVID-19 (a period characterized by social isolation), websites have grown in importance (Rankin et al., 2022) as more

patients and the public rely on them more for information. The internet has also been central to the growth of autistic communities. This is detailed in Sinclair's (2012) account of autism activism history. Although the internet has not created space for everyone with autism, it has enabled access for many in the community. For all of these reasons, this study involved a deductive thematic analysis of EDI-related content drawn from the websites of major child and youth autism clinics and centres across Canada. This study aimed to explore the types of EDI messaging that child and youth autism clinics and centres are sharing, as well as how the messages are communicated (Kapp, 2020).

Review of the Literature

There is scant literature on EDI website messaging in the context of autism and childhood disability more broadly. For this reason, it was necessary for us to turn to EDI messaging in the context of healthcare more generally to conduct this review. Several research teams have conducted website analysis across the profession of medicine and associated medical specialties in North America. One research team found that in the context of mental healthcare, there is an increasing prevalence of minority patients seeking culturally competent care; indeed, these patients and clients use website messaging to ascertain the cultural competence of prospective therapists. These authors found that even subtle website messaging on mental health intake forms and websites exert a powerful impact on patients' decision-making (Liang & Sheppard, 2020). These authors found that more advanced diversity statements on websites were also associated with more diversity-rich intake forms. Strengths-based intake forms, rather than ones that were deficit oriented, were also more likely to have richer diversity content. Similarly, although diversity in healthcare makes for better patient outcomes, the professions of medicine and surgery remain stubbornly White with very low representation of minority groups (Soklaridis et al., 2022). Similarly, a 2021 review of general surgery, integrated thoracic surgery, and integrated vascular surgery residency program websites was conducted. Less than 20% of such websites possessed any equity and diversity content, suggesting that equity-seeking groups are not being adequately served on websites and that representation is poor (Mortman et al., 2021, p. 347). Also looking at general surgery, Byrd et al. (2022) conducted a deductive analysis of general surgery websites. They found inattention to issues of inequity in general surgery and insufficient EDI statements. The few general surgery programs that did mention equity work, however, tended to describe community-based anti-racism initiatives.

Similarly, Vicioso et al. (2022) suggest that much like the profession of medicine, the discipline of ophthalmology is also plagued by the problem of under-representation of minority groups. Further, minority groups carefully consider diversity issues before making application decisions. After undertaking a review of ophthalmology websites, the authors found that

unfortunately, ophthalmology websites in the USA contain insufficient EDI information needed to make application decisions. Focusing on medical leaders, Soklaridis et al. (2022) addressed the lack of diversity among physician leaders in the profession of medicine and the perpetuation of White male leadership. Indeed, physician leadership is important because it can reduce health-related disparities and enhance a sense of creativity in health care as well. By reviewing program websites through a scoping review design, the authors found that engagement with diversity is gravely lacking. Similarly, Muthiah et al. (2022) examined diversity representation in oncology and haematology fellowship program websites. They found that a low percentage of programs had diversity information and more comprehensive programs had more well-developed EDI messaging. Sanchez et al. (2021) evaluated diversity and inclusion in medicine and physical rehabilitation programs. Like other studies, only a few programs had well-developed EDI statements and engagement with diversity. The authors also discuss the importance of diverse photographic representation on websites. Only one research team focused on gender representation. Focusing on gender-based equity on healthcare websites, Yan et al. (2022) explored non-binary language use in radiology websites in both Canada and the United States. This study is important given the significant health-related inequalities that non-binary people face in healthcare settings. Fortunately, the authors found that radiology-fellowship program websites do feature gender inclusive language. As well, some mention the presence of EDI committees. However, the authors mention that far more EDI progress is still needed for gender-inclusiveness in radiology.

Although not focused on EDI messaging, it is important to recognize the autistic community's critical contributions to EDI. Brown et al.'s (2017) book, *All the Weight of Our Dreams: On Living Racialized Autism*, is a collection of writing and art pieces created by 61 members of the autistic BIPOC community. Their work explores experiences and stories concerning race, gender, sexuality, and neurodivergence. This book serves as a powerful call for the recognition and advocacy of diverse voices within the autism community. Although this book addresses critical issues, its publication was discontinued due to the harmful content it has caused to some communities. While the harmful content that led to the discontinuation of this work is not indicated, other problematic features of the text include a lack of engagement with important topics, like anti-Black violence. Drame et al.'s (2020) book titled, *The Resistance, Persistence and Resilience of Black Families Raising Children with Autism* offers much needed insight into the experiences of Black families with autistic children. The book draws from the stories and expertise of Black families, and emphasizes intersectional experiences concerning race, class, disability, and gender. This book provides invaluable critical insights for practitioners and professionals across numerous fields, including healthcare and education (Drame et al., 2020). *Spectrums: Autistic Transgender People in Their Own Words*, by Maxfield Sparrow (2020), is an anthology of personal essays written by individuals with ASD who identify as nonbinary. The

contributors provide unique narratives reflecting the intersections between gender identity, sexuality, and being on the spectrum. The stories highlight themes of identity, resilience, and community while advocating for more visibility on the perspectives and experiences of transgender or nonbinary individuals with ASD (Sparrow, 2020). *Typed Words, Loud Voices*, edited by Elizabeth Grace Amy Sequenzia (2015), is a collection of personal narratives and poetry written by individuals with ASD who are non-speaking (or, speak minimally) and rely on other means of communication. Their writing pieces challenge a common assumption that speech is related to intelligence while highlighting the power of alternate communication methods (Grace & Sequenzia, 2015). This book seeks to raise awareness about the unique ways in which individuals with ASD express themselves and interact with the world around them.

Literature Gaps

Despite these important contributions, especially from autistic authors addressing EDI, there is a lack of scholarship on EDI messaging in the context of child and youth autism programs in Canada. Importantly, autistic young people may seek health-related information from numerous sources, including social media, peer groups, parents, websites and other online forms. One study found, for example, that autistic young people lead very rich digital lives, although more is known about the digital lives of neurotypical teenagers (Anderson & Phillips, 2019). Website content is extremely important (Anderson & Phillips, 2019; Rankin et al., 2022) because patients and potential future healthcare providers often use website platforms to make important health and education decisions. Website analysis of EDI statements in healthcare have been conducted mainly by the profession of medicine and various medical specialties. Although some EDI progress has been made, in general, most authors suggest that EDI content is insufficient. Only about 20% of program websites, regardless of discipline, display diversity information. For this reason, great improvements need to be made in the future. Although we found a plethora of literature that addresses the topic of equity and autism (Krasnodembski et al., 2021), our search revealed no website EDI analysis for autistic children and youth. Website consumption among patients during and after Covid-19 has increased exponentially. For these additional reasons, examining EDI statements online is an important intellectual task. By drawing on a deductive thematic analysis, the purpose of our study was to examine EDI messaging across public-facing child and youth ASD centre websites in Canada.

Methodology

This study was funded by the Toronto Metropolitan University (TMU) Faculty of Community Services Internal Grants Program. This study occurred over the course of several months during the pandemic, between November 2021 and November 2022. Because no human data collection occurred, and all materials were available through public-facing websites, there was no requirement to obtain research ethics board (REB) approval.

First, we conducted an environmental scan of all autism programs for children and youth across Canada by generating provincial charts. We did not examine ABA centres. We are critical disability scholars. We are aware of the critiques of ABA in terms of entrenching normalcy, and we are still trying to establish our views and opinions on the important topic of ABA in the lives of autistic people. As autistic young people are seen in both community clinics and hospitals, we included hospitals, children's health care centres, as well as children's clinics serving young people up to the age of 18. Each provincial chart documented the name, location, and website address of the children's hospital, centre, or autism clinic in question. Importantly, websites did not offer clarity on the intended audience of their content. In our chart, we also included website addresses as well as active links or pathways to reach equity, diversity, and inclusion statements and documents. In this way, our provincial charts captured all the EDI information for each children's clinic, hospital, or centre in each province. This data extraction phase was conducted by four research assistants. Three are graduate students in these fields, and one is a practicing pediatric occupational therapist. The two senior researchers both run independent research programs focused on topics such as childhood disability, institutional ableism, and EDI. Several members of our research team identify as racialized people.

Theoretical lenses – The New Sociology of Childhood

To theoretically sensitize our study, we drew on a few concepts from the sociology of childhood. It is an appropriate theoretical lens to use in a study that addresses the topic of childism, given that it offers an advanced and liberatory framework for considering children and childhoods. The sociology of childhood is a theoretical framework that developed in the 1990s. It serves as a starting point to consider the social construction of childhood and how ideas of childhood are often the adults' projections of what adultist societies imagine children to be (Moran-Ellis, 2010). In this way, childhood is both a "real" developmental phenomenon at the same time as it serves as a repository of ideas for what we think childhood should be. Earlier iterations of the sociology of childhood regarded children as passive victims of adultist attitudes and behaviours (Jenkins, 2015). Newer iterations, however, have placed emphasis on the ways in which children are agentic health subjects

(Jenkins, 2015). Although children's relationships continue to be structured through the world of adults, children can speak directly to the conditions that impact their lives directly. These newer theoretical strands of the sociology of childhood emphasize the importance of listening and attending to children's voices as participatory actors who can shape their lives directly (Jenkins, 2015). In the sociology of health and illness, researchers sensitized by newer strands of this theory are interested in children's construction of their pain-based sensations. These scholars have attended to important aspects of children's pain and illness experiences, including the ways in which parents often refute and resist children's embodied commentary about their pain-based sensations (Jenkins, 2015). Elements of this theory helped to inform our analysis in that we developed specific codes to address the problem of childism and adultism in EDI statements.

After this data extraction phase was complete, we conducted a deductive thematic analysis, following the conceptual insights of Fereday and Muir-Cochrane (2006). Rather than a data-driven approach, we employed a deductive thematic analysis using an a priori code template to analyze the data (Crabtree & Miller, 1999). In this way, we coded each of the programs in each of the provinces for the following central elements: 1) the presence or the absence of EDI statements on the website; 2) institutional reliance by the ASD clinic or centre on the larger hospital or health care centre's EDI statement; 3), the vagueness or specificity of the EDI statement; 4) whether the statement meaningfully engages with diversity or is tokenistic and cosmetic; 5) whether the statement meaningfully engages with intersectionality, that is, multiple and interlocking forms of social difference and oppression;² 6) whether the EDI statement uses child-centered language; and, 7) the degree to which the EDI statement is easy to find and written in accessible English language. Websites did not appear to offer information about their intended audience. Here, in this article, we evaluated tokenism by taking note of EDI statements that offered insufficient information on long-term and sustainable advocacy for marginalized communities in a way that demonstrates engagement, listening, and hearing marginalized communities. Indeed, the presence of an EDI statement without a commitment to learning and changing with marginalized communities, is the "contrast and assimilation" component of Kanter's theory of tokenism (Gustafson, 2008). We also scored tokenism highly if claims were unsubstantiated by concrete actionable plans. After each program was coded for the presence or the absence of these elements, we grouped them into provincial clusters. Codes were verified by multiple raters. At this stage, we read across the data, grouping provincial clusters into national patterns of EDI across children's ASD clinics. Specifically, to derive fractions and percentages, we divided the number of ASD clinics per province that fell into

² Original intersectionality scholar, Kimberlee Crenshaw (1991), notes that multiple and interlocking forms of oppression create unique and particular experiences that cannot be universalized.

that category by the total number of ASD clinics in that province. If most of the EDI statements for a particular clinic possessed the attribute (e.g., vague statements), the clinic was considered as a part of this category. In the following section we report findings from our deductive thematic analysis. Although our analysis is comprehensive, we cannot claim its coverage is exhaustive (i.e., it has not necessarily captured every ASD centre in Canada). This is because there is no publicly available list of every child and youth ASD centre in Canada, so this research is based on our comprehensive search for ASD centres across all provinces and territories.

Findings

Table 1 summarizes our analysis of EDI statements in relation to each province and territory. Criteria summarized include the number of ASD programs, percentage of centres with EDI statements, if statements are child-centred, vague, tokenistic, and reliant on the broader institution, as well as if they embrace intersectionality and offer accessible language (i.e., translations). Calculations are based on each province’s number of clinics and each clinic’s available EDI statement.

Table 1. Summary of Findings by Province and Territory

Province or Territory	General Population (M)	Number of Ped. ASD Programs	Centres with EDI Statements (%)	Child-Centred (%)	Language Accessibility		Vague (%)	Tokenistic (%)	Medium or High Reliance on Institution (%)	Intersectionality (%)
					French or English Translation	Other Translations Offered (%)				
Provinces										
AB	4.54	3	100	0	0	0	0	33	0	100
BC	5.32	5	100	0	0	0	40	25	25	100
MB	1.41	1	100	0	0	0	0	0	0	0
NB	0.81	3	67	0	67	0	100	0	0	67
NL	0.53	1	100	0	0	0	100	0	0	100
NS	1.02	2	100	0	0	0	100	50	100	50
ON	15.11	14	100	57	21	0	36	36	71	71
PEI	0.17	2	100	0	0	0	100	100	0	100
QC	8.70	3	100	0	100	100	0	33	33	100
SK	1.19	3	100	0	0	0	67	67	0	33
Territories										
NT	0.05	0	N/A	0	0	0	0	0	0	0
NU	0.04	0	N/A	0	0	0	0	0	0	0
YT	0.04	2	100	0	0	0	50	50	0	50

Source for general population statistics: Statistics Canada, 2023a.

Provincial/Territorial Disparities

All 10 Canadian provinces and one territory (the Yukon) had child and youth ASD centres. Nunavut and Northwest Territories did not have ASD centres and, correspondingly, had no EDI statements. Ontario had the greatest number of ASD programs (14) and EDI statements (14). The following subsections consider disparities across provinces and territories in relation to the considered criteria.

Child-Centredness

Sensitized by the sociology of childhood, we assessed the degree to which ASD centres reproduced discourses of childism and adultism by not including children directly as members of the EDI target audience. Childism, a concept engineered by sociology of childhood scholars (McGillivray, 2022), refers to social and societal prejudice against children. While there are great efforts to recognize oppression against other social groups, childism scholars suggest we have ignored systemic and structural acts of prejudice and oppression against children (Young-Bruehl, 2012). Related to childism, adultism is a social ideology that prioritizes the needs, beliefs, and social structures of adults above those of children while also assuming adults have the social and political right to act on the lives of children because of their presumed incompetence (Bertrand et al., 2023). The childhood developmental canon of theorists, such as Jean Piaget and Erick Erikson, have likely contributed toward the ideology of adultism through their construction of childhood as a linear progression to advanced cognitive and social abilities.

Across all provinces and the Yukon, EDI content was not child-centered and it reproduced discourses of childism and adultism, which speaks to archaic ideas of what children and childhood are. ASD centres across almost all provinces (AB, BC, MB, NB, NL, NS, PEI, QC, YT) had main page EDI content that was not child-centered. In Ontario, 8 out of 14 (57%) of ASD centres' EDI content was child-centered, indicating that this province is a leader in acknowledging children's agency, needs, and voices in relation to EDI matters for children and youth with ASD.

Language Accessibility

Except for Quebec and New Brunswick – Canada's first and second most bilingual provinces (Statistics Canada, 2023b) – most provinces' ASD centres employed the use of accessible plain language but largely did not include reference to language translation services. We used the Government of Canada's definition of language accessibility as plain language communication in which language structure is clear and readers can obtain the information that

they need (Government of Canada Communications Community Office, 2022). Here, it is important to note that French is the official language of Quebec whereas both French and English are official languages in New Brunswick. For New Brunswick and Quebec, reference was made to English and French only, and no other languages were mentioned. There was no mention of the Indigenous languages of Canada's first people. Quebec was the only province where all ASD centres (3/3) used accessible language *and* referred to language translation services. In New Brunswick, all ASD centres (3/3) used accessible language, but only 67% (2/3) referred to translation services. In Ontario, 100% (14/14) of main page EDI content used accessible language; however, only 21% (3/14) of its ASD centres offered content referring to translation services for French, and no content referred to other languages. ASD centres in all other provinces (AB, BC, MB, NS, NL, PEI, SK), plus the Yukon, used accessible language but did not refer to language translation.

Vagueness in EDI Statements

We evaluated the vagueness or specificity of EDI statements in child and youth ASD centres. Specifically, we scored statements that lacked clarity and specificity of EDI goals and audience as high in vagueness. Vagueness in EDI statements ranged from 0 to 100% across the provinces, thus indicating that vague EDI statements are still a persistent problem. In three provinces – Alberta, Quebec, and Manitoba – 100% of ASD centres' EDI statements were found to be specific (1/1 for MB, 3/3 for AB, 3/3 for QC). In British Columbia, 40% (2/5) of main page EDI content was vague and 60% (3/5) was specific. Beyond these three provinces, ASD centres were found to be mostly or entirely vague. In Ontario, 64% (9/14) of EDI content was specific and 36% (5/14) was vague. In Saskatchewan, across three ASD centres, 67% (2/3) of EDI main page content was vague and 33% (1/3) was specific. In Yukon, 50% (1/2) of main page EDI content was specific. The remaining provinces (all Atlantic provinces – NB, NL, NS, and PEI) were found to have EDI statements that were entirely vague.

Meaningful versus Tokenistic EDI Statements

We also evaluated the degree to which EDI statements were meaningful or tokenistic, where tokenism in EDI is regarded as a significant problem. Tokenism is a sociological term that refers to the moral impetus to include members of disadvantaged groups for the purposes of placating or appeasing a particular course of social action (Grant, 2017). Tokenism, then, can be understood as an inauthentic or placating form of inclusion that is undertaken to appease, rather than rectify, social justice efforts. If an ASD centre's EDI

statement was publicly visible – but there was no concomitant focus on long-term sustainable relationships with marginalized communities — we scored tokenism as high. Tokenism ranged from 0 to 100% across the provinces, suggesting it remains an ongoing and substantive issue. In Manitoba, Newfoundland, and Quebec, 100% of main page EDI content was meaningful (1/1 for MB; 1/1 for NL; 3/3 for QC). In many other provinces, ASD centres' EDI content was viewed mostly as meaningful (2/3 for AB; 4/5 for BC; 2/3 for NB; 9/14 for ON; 2/3 for SK; 1/2 for YT); however, 10 of these provinces' 30 ASD centres' EDI statements (i.e., 1 out of 3) were tokenistic. Plus, all EDI statements (2/2) for PEI were also tokenistic.

Reliance on Broader Institutions for EDI

We evaluated the extent to which ASD centres and clinics rely on larger and broader institutions to do the work of EDI for them. High reliance means that ASD centers rely heavily on other institutions' EDI statements. Medium reliance means that the ASD centre relies somewhat on other institutions to convey EDI sentiments. Low reliance means that ASD centers have generated their own statements. Several provinces and territories had low reliance, illustrating that they took the time, resources, and effort to generate their own EDI statements (Manitoba (1/1), Saskatchewan (3/3), Alberta (3/3), New Brunswick (3/3), Newfoundland and Labrador (1/1), Prince Edward Island (2/2), Nova Scotia (2/2), and the Yukon (2/2)). Some provinces demonstrated medium reliance, illustrating greater dependence on other's EDI statements (Ontario (10/14)). A few provinces were highly reliant, suggestive of great dependence on others EDI statements (Quebec 1/3 and British Columbia 1/5).

Intersectionality

We explored the degree to which EDI statements engaged with intersectionality, or the notion that multiple identity categories of social difference often collide to produce unique and intersectional oppression experiences. We scored intersectionality as high if the words “intersectionality” was mentioned, or if reference was made to a few social and political identities. Some provinces demonstrated excellent intersectionality on EDI statements (Quebec (3/3), Alberta (3/3), British Columbia (5/5), Newfoundland and Labrador (1/1), and Prince Edward Island (2/2)). Other provinces and territories demonstrated medium and moderate intersectionality (Nova Scotia (1/2), Saskatchewan (2/3), and the Yukon (1/2)). The remaining provinces demonstrated low intersectionality on EDI statements (Ontario, 4/14), New Brunswick (1/3) and Manitoba (0/1).

Discussion and Recommendations

The findings are discussed within the context of the literature. There were disparities in the prevalence of ASD programs across the provinces and the territories, as well as the existence of EDI statements. Ontario is the province with the greatest number of ASD programs, followed by British Columbia and the remaining provinces and territories. Given Ontario's population and robust healthcare system, this is unsurprising. Unfortunately, neither the Northwest Territories or Nunavut Territory have ASD centres for children and youth. This aligns with rural barriers to healthcare in which rural and remote communities often lack access to the same extensive healthcare resources that larger regions have due to physical geography, access barriers, and a lack of healthcare staff (Huot et al., 2019). Federal and provincial assistance should be devoted toward helping the Northwest Territories and the Nunavut Territory to establish ASD programs.

Through our use of the sociology of childhood theoretical framework, in this study we were particularly attentive to the presence of childism and adulthood. Thus, informed by our theoretical lens, in our EDI analysis of ASD centers in Canada, we included the degree to which EDI statements were child-centered. Childism and adulthood, or the social oppression enacted against children and youth on account of their perceived vulnerability and incapability, is a form of societal oppression (McGillivray, 2022), like racism or sexism. These terms have been engineered by sociology of childhood scholars. Childism and adulthood likely stem from the social construction of childhood where children are perceived as being cognitively and emotionally immature and incapable of engaging in advanced reasoning. Childism and adulthood work together to systemically exclude children from full participation and inclusion in social life and can be thought of as active forms of prejudice (McGillivray, 2022). Childism and adulthood are also premised on more outdated notions of children and childhood in which children are assumed to passively receive adult intervention. Our most robust finding from this EDI analysis is that almost all of the EDI statements were not child-centered, with the exception of a few statements from Ontario. In this way, EDI statements were written for and by adults and reproduced discourses of childism and adulthood. This should be considered as a significant social injustice in EDI messaging for the autistic and autism communities in Canada.

Importantly, it is critical to recognize that beyond EDI statements, the autistic community has always faced childism and adulthood. The historical depiction of autism as a disorder of childhood may have led to excessive infantilization and paternalism (Lo Bosco, 2023). Indeed, infantilization and paternalism can be seen as byproducts of childism and adulthood. As discussed in our introductory comments about autistic and autism communities, sometimes childism, paternalism, adulthood, and infantilization are brought about by members of the autism community (Hens, Robeyns, & Schaubroeck, 2018). In this way, the childism and adulthood that exists within EDI statements

mirrors and reflects the childism and adultism that some autism community members have used in their actions toward members of the autistic community. For this reason, it is important that dignity and respect for bodily autonomy and self-determination always be extended with and for members of the autistic community (Williams, 2018). Beyond this, given that autism community members may be perpetuating childism and adultism through their understanding of and actions toward autism, it would be practical for them to reflect upon and question how they are viewing the agency, decision-making, and maturity of their autistic family members.

Furthermore, there is no existing literature on the role of children and youth in drafting EDI statements within hospitals or EDI centres. This research gap, in itself, speaks to childism and adultism. However, there is much existing literature on the importance of “children’s councils” in pediatric hospitals and health care centres. On such councils, chronically ill children and disabled children have a direct impact on a range of pediatric issues, from hospital decisions and playroom set up to cafeteria menu. Most of this research speaks to the positive benefits of children’s councils that provide pathways and avenues for children’s agency and voice (Mathers, 2014). There is also much research on the importance of integrating EDI into the earliest days of a child’s life (Richards, 2002). ASD children’s councils should be established in ASD centres and hospitals. More importantly, children should be directly engaged in the crafting of EDI statements in sustainable, long-term, and authentic ways that avoid tokenism and ensure that children’s voices lead to actionable changes. Autistic adults who can reflect back on their EDI experiences as children may also be critically important to drafting excellent EDI statements. EDI experts may consider directing statements toward children and not only families and parents.

Our second most robust finding relates to a lack of language accessibility in EDI statements. Language was accessible in English at about a grade-six level. However, besides the offering of French language translation services, language translation services for EDI statements were largely neither mentioned nor available. Thus, EDI statements for ASD centres largely reflect an English-Francophone bias and are thus reflective of dominant Euro-centric languages. There was no mention at all of Canada’s Indigenous first languages. Further, although Canada was once considered an English and French speaking country after colonization, Canada is increasingly characterized by a growing number of immigrants, migrants, and refugees. Toronto is thought to be one of the most racially diverse cities in the world with 56% of people identifying as racialized (Statistics Canada, 2014). Additionally, research shows that new immigrants to Canada face many barriers to accessing autism services for their children (Khanlou et al., 2017). To reflect the changing demographic of Canadian society, and the polyphony of new languages spoken, ASD centres must consider making EDI statements, and entire websites, translatable outside of the English-French duopoly while also honouring Canada’s first people’s languages.

We evaluated both vagueness and specificity of EDI statements as well as meaningfulness and tokenism. Vague EDI statements as well as tokenistic EDI statements have been identified as a persistent problem in the literature. In our study, vagueness in EDI statements ranged from 14 to 100% across the provinces, suggesting that while some EDI centers are writing specific EDI statements, vagueness is also an issue in ASD EDI communities. In this way, vagueness and tokenism were not as problematic as childism and language barriers in the EDI statements we evaluated, which is a step in the right direction. However, it is important to recognize that the evaluation of tokenism on EDI statements is challenging, and organizations deemed tokenistic may not intend for their statements to read as such. Conversely, organizations deemed genuine may actually be tokenistic.

However, although some EDI statements in certain ASD centres were meaningful and not tokenistic, tokenism did range from 14 to 80% across the provinces suggesting that it has not been eliminated as an issue. Tokenism has been discussed for decades by racialized scholars. Indeed, both Martin Luther King Jr. and Malcolm X, during the 1960s civil rights movement, addressed its toxic effects (Niemann, 2016). Tokenism is problematic because it conveys a superficial and cosmetic – rather than deep and authentic – engagement with a social issue (Neiman, 1999).

Tokenism theory was originally established in 1977 by scholar Rosabeth Moss Kanter to describe the complex social processes and mechanisms that impact minorities in organizations (Gustafson, 2008). Her original theory focused on gender in the workforce. For example, the minority of Black or female police officers in historically all white and male policing forces is a relevant exemplar for the presence of tokens in organizations. For a variety of complex social-psychological reasons, Kanter suggested that work and organizational life for tokens is much harsher than for non-tokens (Gustafson, 2008). When tokens comprise less than 15% of any particular workforce, the social consequences can be dire for the tokens (p. 2). Kanter described three axes that impact the social experiences of tokens. First, on the axis of *Visibility*, tokens are more visible due to their under-represented status. The visibility of the token occurs because of their relative differences. In the second social process, that is, *Contrast*, dominants in the organization become more aware of similarities and differences between them and the token. They Other and exclude the token, keeping the token outside and separate from the social centre of the organization. Finally, in *Assimilation*, dominants in the organization distort the characteristics of the token to fit their pre-existing stereotypes. Sadly, in internalized tokenism, tokens come to take on these mischaracterizations originally devised by the majority group (Gustafson, 2008). This is why organizational life for tokens can be extremely traumatic to navigate. Although Kanter's original theory was designed to understand tokens in organizations as employees, the term "tokenism" can be used broadly, across people, industries, organizations, social media, and policy. Of course, we recognize that our assessment of tokenism in EDI statements may not be

reflective of organizational ethos and beliefs about EDI. That said, we recommend that all autism centres in Canada consider writing both specific and meaningful EDI statements that involve autistic community members with a range of intersectional lived experiences. If this is not done and tokenism persists, it may contribute to psychologically damaging experiences (Niemann, 2016). Autism centres that have written specific and meaningful EDI statements should be commended.

We also evaluated the extent to which EDI content was intersectional. Intersectionality was originally proposed by Black feminist Kimberlee Crenshaw (Cho et al., 2013; Crenshaw, 1991). It is an approach that recognizes the collision of multiple social positions and locations and that unique experiences of oppression often arise at these intersectional nexuses, such as race and disability. Between 17 and 80% of EDI statements in ASD centres did not have intersectional content. Thus, although many organizations do make mention of intersectionality, it is evident that a lack of attentiveness to intersectionality still exists in EDI content. A lack of intersectionality is problematic because it increases the risk of universalizing experiences of oppression and overlooking nuanced social positions and locations.

Autistic and autism communities have struggled with adopting an intersectional approach most especially when it comes to race. For example, not enough attention has been devoted toward the ways in which Black and Indigenous people are disproportionately placed in poor quality special education, instead of recognizing their experiences of autism. Further, there has not been enough attention to the ways in which the historical evolution of the autism diagnosis was created through the exclusion of racialized people. Not enough attention has been devoted to how Whiteness is often uninterrogated in autism care. ASD centers should strive toward making EDI statements intersectional in the future by perhaps engaging principles from the disability justice framework. In addition to offering intersectional concepts such as collective justice and collective liberation, the disability justice framework provides a wonderful resource for understanding how ableism and White supremacy mutually support one another (Sins Invalid, n.d.). EDI statements that are currently intersectional should be commended. Turning to the brilliant intersectional scholarship by Black autistic people and trans autistic people may assist in infusing intersectional content into such EDI statements.

We assessed the degree to which ASD organizations relied on broader healthcare systems or hospitals to draft and craft EDI statements. We labelled ASD centers that relied heavily on larger centres as “high reliance” and ASD centres that drafted their own EDI statements as “low reliance.” We are unsure if the reluctance for some ASD centres to draft EDI statements reflects an organization type of “bystander effect.” Original psychological research on the bystander effect pertained to how humans respond to emergency situations when there are other people in the vicinity. When the bystander effect is operating, we assume that “someone else will deal with this problem” (Fischer

et al., 2011). Relying on others to do the work of EDI is problematic as it may reflect a lack of willingness of particular ASD centers to do their own EDI work. More likely, however, if the organizational culture does not value and promote EDI and diversity, then the silence of some ASD centres around EDI issues could be a type of organizational acquiescence of sorts, in which silence around EDI unwittingly maintains low EDI expectations. In this way, then, silence around EDI may be reflective of a larger, systemic and institutional issue in which EDI is neither valued nor prioritized. Silence around EDI could also reflect management “diktat” from organizations which can refer to unilateral “commands” (Pizer, 1988) made by organizations, rather than open dialogues and consensus around a topic. Some provinces did an excellent job of writing their own EDI statements, such as Manitoba, Saskatchewan, Alberta, New Brunswick and PEI. Other provinces, such as Ontario, British Columbia, Quebec and Nova Scotia are still relying somewhat heavily on external healthcare systems’ and organizations’ EDI statements. We encourage all ASD centres to engage in the work of drafting their own EDI statements, both as a sign of solidarity and a willingness to engage in the challenging and difficult work of writing an institutional commitment to EDI. We also recommend that ASD centres consider adopting a two-phase approach in the drafting of EDI statements, including writing: (1) an EDI statement that lays out key values, principles, and goals; and then (2) developing a comprehensive EDI action plan. To avoid childism and adulthood, clients and families should be included in the creation of EDI plans. Childism and adulthood should also be regarded as social injustices that marginalize children. For example, ASD centers could develop EDI statements in concert with child and family councils. We also recommend that EDI plans be monitored once they are created and implemented.

Importantly, EDI messaging should not be viewed as a proxy of EDI organizational attitude. An excellent high scoring EDI statement could exist in the context of poor organizational EDI attitudes. We encourage researchers not to make an assumed connection between EDI messaging on websites and EDI attitudes. For instance, if tokenism is operating, organizational leaders may pay attention to the public optics of EDI statements without reflecting on EDI attitudes. Qualitative studies on EDI organizational attitudes with critical community members in organizations, such as CEOs and physicians, need to be undertaken to more fully comprehend the complex relationship between EDI messages and EDI attitudes. Finally, while it may seem unrelated to the problem of EDI in children’s autism centres, future EDI researchers and clinicians should be aware of the long history of abusive treatment practices that the autistic community has encountered. For instance, there is a controversial debate that has centred upon the use of behavioural treatments for the autistic community. For instance, as the sibling of an autistic person, Dr. Gruson-Wood (2016, 2018) has woven a fascinating tapestry of views on behaviour therapies in Ontario, Canada that shape the lives of autistic people every day, including her sister. Gruson-Wood (2016, 2018), through elegant

and nuanced ethnographic approaches, found a graceful way of unearthing more about the hostile battles that exist between proponents of behaviour therapy, as well as many lived experience autistic communities that refute it (Gruson-Wood, 2018). Indeed, based on the pioneering work of Skinner, some proponents view behaviour therapies as “lifesaving and life giving.” In contrast, some autistic people view such behaviour therapies as oppressive and normalizing therapies that aim to eradicate autism (McGuire, 2016). These practices, especially applied behavioural analysis (ABA) have been criticized for being gravely abusive, negligent, and unethical (Shkedy et al., 2021). They may be considered as practices that do not support the bodily autonomy of autistic people (Williams, 2018). Some scholars suggest that complex autistic individuals should not be subjected to archaic behavioural practices. Behaviourism forecloses any consideration of the role of cognition, culture, affect, emotion, and intuitions as drivers of behaviour. Yet, Gruson-Wood (2018) found that the power relationships that exist between parents, clinicians and autistic self-advocates are unstable and precarious. These relationships are highly shaped by larger institutions, such as health care, and are further influenced by discourses of identity, disability, and ethics. Gruson-Wood (2018) also found that some practitioners of behaviour therapies hold highly ambivalent attitudes towards the institutional and professional systems they are embedded within. Clinicians themselves are constrained by – and sometimes resist – these larger social systems (Gruson Wood, 2018). When writing EDI statements, then, awareness of the autism wars and this history of abusive treatment practices is needed. EDI statements must be sensitive and attentive to bodily autonomy, rights, and freedoms of autistic people, including the right to say no to treatments.

Limitations

One of our authors is a pediatric occupational therapist who works with the autistic community and several are researchers who have worked with the autistic community in research and other capacities. One author has an extended family member who is autistic. Some authors may therefore be considered as part of the autism community. That said, we maintain that a key study limitation is that none of the authors (and thus EDI statement raters) identify as autistic. In this way, we have reproduced the silencing of autistic voices. While we have tried to be thorough in our description of autism and autistic communities, as well as our analysis, we are aware that we may have missed issues that an autistic individual may have voiced. We undertook this analysis to produce necessary foundational knowledge that will inform further research concerning autism, pediatric health care, and EDI. Going forward, we are deeply committed to directly involving and listening to autistic community members, both as research team members and study participants. Additionally, although they are not “EDI statements” associated with child and youth ASD

centres in Canada, important autistic advocacy networks do exist. These networks are deeply committed to ongoing equity-work within autistic communities and their excellent equity-oriented social justice work should be commended.³

The authors of EDI statements did not stipulate the intended audience of such statements. Thus, authors of the EDI statements may have assumed an adult audience and therefore written EDI statements for adults. If this was the case, our criteria for child centredness may not have aligned with the intended audience of the EDI statement. ASD centres should continue to draft EDI statements for children and youth to reflect contemporary ideals of childhood while also clearly stating the intended audience of their EDI statement. Further, our intersectionality criteria may have been limited. Although Kimberly Crenshaw's theory is gaining momentum, it may not have filtered into pediatric organizations. If organizational EDI statements do value intersectionality, but did not use words "intersectionality" or "multiple identities," they were not flagged as intersectional on our criterion checklist. Additionally, intersectionality may heavily overlap with other domains, such as the use of plain language. Another limitation is we combined the EDI criteria of "easy to find" and "written in accessible language" because we assumed that these properties are somewhat connected. Some EDI assessors may decide to split these criteria. Finally, while we included the number of ASD centres per province and the general population of children and youth, we could not add the prevalence of autistic children and youth per province. This is because the available data has been collected during different historical periods and adheres to varying definitions of child and youth. Existing data is also not available for the territories. Thus, the available data was too variable to include accurate numbers of autistic children and youth per province that falls within our defined age range.

Conclusion

Across Canada and other countries, there has been a growing concern with EDI-related matters in institutions. EDI issues are increasingly regarded as part of combatting social injustice. The autistic and autism communities have called for greater focus and attention on equity-related matters and issues. In this paper, we explored EDI messaging across autism centres for children and youth in Canada through a deductive thematic analysis of website materials. We found major provincial disparities, such as a total lack of autism centres and EDI messaging in the Northwest Territories and Nunavut. Although some autism centres are performing very well, inattention to intersectionality, reliance on broader institutions for EDI messaging, as well as tokenistic and

³ See Autistic Self Advocacy Network (2021), Autistic Women & Nonbinary Network (n.d.), and Autistics United Canada (n.d.).

vague EDI messaging represent minor to moderate problems. Unfortunately, most autism centres' EDI statements were clearly characterized by serious problems in the form of childism, adultism, and a lack of attentiveness to non-English and French language. We suggest that more child-centred EDI statements that are developed with messaging input from autistic children and youth are needed. Further, EDI statements must be issued in numerous languages to adequately account for the growing polyphony of languages spoken in Canada.

References

- Anderson, A., & Phillips, A. (2019). "Getting basic information isn't as helpful as the nuanced advice we can give each other": Teens with autism on digital citizenship education. *Journal of Research on Libraries and Young Adults*, 10(3), 1-27.
- Autistic Self Advocacy Network. (2021). *Equity and strategic plans*. <https://autisticadvocacy.org/2021equitystrategic/>
- Autistic Women & Nonbinary Network. (n.d.). *Welcome to AWN*. <https://awnnetwork.org/about/>
- Autistics United Canada. (n.d.). *Our mission*. <https://www.autisticsunitedca.org/mission.html>
- Bertrand, M., Deanna-Brooks, M., & Dominguez, A. (2023). Challenging adultism: Centering youth as educational decision makers. *Urban Education*, 58(10), 2570-2597. <https://doi.org/10.1177/0042085920959135>
- Botha, M., Chapman, R., Giwa Onaiwu, M., Kapp, S. K., Abs, S. A., & Walker, N. (2024). The neurodiversity concept was developed collectively: An overdue correction on the origins of neurodiversity theory. *Autism*, 28(6), 1591-1594. <https://doi.org/10.1177/13623613241237871>
- Brown, L., Ashkenazy, E., Onaiwu, G. M. (Eds.). (2017). *All the weight of our dreams: On living racialized autism*. Dragonbee Press.
- Byrd, J. N., Huynh, K. A., Aqeel, Z., & Chung, K. C. (2022). General surgery residency and action toward surgical equity: A scoping review of program websites. *The American Journal of Surgery*, 224(1), 307-312. <https://doi.org/10.1016/j.amjsurg.2022.02.006>
- Cho, S., Crenshaw, K., & McCall, L. (2013). Toward a field of intersectional studies: Theory, applications, and praxis. *Signs: Women in Culture and Society*, 38(4), 785-810. <https://doi.org/10.1086/669608>
- Crabtree, B. F., & Miller, W. L. (1999). *Doing qualitative research* (2nd ed.). Sage Publications.
- Crenshaw, K. (1991). Mapping the margins: Identity politics, intersectionality, and violence against women. *Stanford Law Review*, 43(6), 1241-1299. <https://doi.org/10.2307/1229039>
- Drame, E. R., Adams, T., Nolden, V. R., & Nardi, J. M. (2020). *The resistance, persistence and resilience of Black families raising children with autism*. Peter Lang Publishing.
- Ely, E. (2021). Diversity, equity & inclusion statements on academic library websites. *Information Technology and Libraries*, 40(4). <https://doi.org/10.6017/ital.v40i4.13353>
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80-92. <https://doi.org/10.1177/160940690600500107>
- Fischer, P., Krueger, J. I., Greitemeyer, T., Vogrincic, C., Kastenmüller, A., Frey, D., Heene, M., Wicher, M., & Kainbacher, M. (2011). The bystander-effect: A meta-analytic review on bystander intervention in dangerous and non-dangerous emergencies. *Psychological Bulletin*, 137(4), 517-537. <https://doi.org/10.1037/a0023304>
- Government of Canada Communications Community Office. (2022, September 15). *Plain language, accessibility, and inclusive communications*. <https://www.canada.ca/en/government/system/government-communications/communications-community-office/communications-101-boot-camp-canadian-public-servants/plain-language-accessibility-inclusive-communications.html>

- Gustafson, J. (2008). Tokenism in policing: An empirical test of Kanter's hypothesis. *Journal of Criminal Justice, 36*(1), 1-10.
- Grace, I. & Sequenzia, A. (Eds.). (2015). *Typed words, loud voices*. Autonomous Press.
- Grant, B. (2017). Tokenism. In F. Moghaddam (Ed.), *The Sage encyclopedia of political behaviour* (pp. 834-837). Sage Publications.
- Gruson-Wood, J. (2018). "I'm a juggling robot:" An ethnography of the organization and culture of autism-based applied behaviour therapies in Ontario, Canada. A dissertation submitted to the faculty of Graduate studies in partial fulfillment of the requirements of the degree of Doctor of Philosophy. York University, Ontario, Canada.
- Gruson-Wood, J. (2016). Autism, expert discourses, and subjectification: A critical examination of applied behavioural therapies. *Studies in Social Justice, 10, 1*.
- Hens, K., Robeyns, I., & Schaubroeck, K. (2019). The ethics of autism. *Philosophy Compass, 14*, 12559.
- Huot, S., Ho, H., Ko, A., Lam, S., Tactay, P., MacLachlan, J., & Raanaas, R. (2019). Identifying barriers to healthcare delivery and access in the Circumpolar North: Important insights for health professionals. *International Journal of Circumpolar Health, 78*(1), e1571385. <https://doi.org/10.1080/22423982.2019.1571385>
- Jenkins, L. (2015). Negotiating pain: The joint construction of a child's bodily sensation. *Sociology of Health & Illness, 37*(2), 298-311. <https://doi.org/10.1111/1467-9566.12207>
- Kapp, S. K. (Ed.). (2020). *Autistic community and the neurodiversity movement: Stories from the frontline*. Palgrave MacMillan.
- Khanlou, N., Haque, N., Mustafa, N., Vazquez, L. M., Mantini, A., & Weiss, J. (2017). Access barriers to services by immigrant mothers of children with autism in Canada. *International Journal of Mental Health and Addiction, 15*(2), 239-259. <https://doi.org/10.1007/s11469-017-9732-4>
- Krasnodembski, M., Côté, S., & Lai, J. (2021). Autism, equity, and how the journal came to be. *Canadian Journal of Autism Equity, 1*(1), 9-11. <https://doi.org/10.15173/cjae.v1i1.4986>
- Kulage, K., Smaldone, A., & Cohn, E. (2014). How will DSM-5 affect autism diagnosis? A systematic literature review and meta-analysis. *Journal of Autism Developmental Disorders, 44*, 8, 1918-1932.
- Liang, Y.-S., & Shepherd, M. A. (2020). A multicultural content analysis of mental health private practices' websites and intake forms. *Professional Psychology: Research and Practice, 51*(4), 325-334. <https://doi.org/10.1037/pro0000305>
- Lo Bosco, M. (2023). "Bodies that never grow": How psychiatric understandings of autism spectrum disorders affect autistic people's bodily experience of gender, ageing, and sexual desire. *Journal of Aging Studies, 64*, e101101. <https://doi.org/10.1016/j.jaging.2023.101101>
- Mathers, S. (2014). Even if the differences were small, they were noticeable: Experiences of being a member of a children's council in a children's hospital. *Radiography, 20*(3), 211-216. <https://doi.org/10.1016/j.radi.2014.03.001>
- McGillivray, A. (2022). On childism. *Canadian Journal of Children's Rights, 9*(1), 112-129. <https://doi.org/10.22215/cjcr.v9i1.3942>
- McGuire, A. (2016). *War on autism: On the cultural logic of normative violence*. University of Michigan Press.
- Ministry of Children, Community and Social Services. (2019, October 4). *Ontario autism program*. <https://www.ontario.ca/page/ontario-autism-program>
- Moran-Ellis, J. (2010). Reflections on the sociology of childhood in the UK. *Current Sociology, 58*(2), 186-205. <https://doi.org/10.1177/0011392109354241>
- Mortman, R., Frazier, H. A., & Haywood, Y. C. (2021). Diversity and inclusion on general surgery, integrated thoracic surgery, and integrated vascular surgery residency program websites. *Journal of Graduate Medical Education, 13*(3), 345-348. <https://doi.org/10.4300/JGME-D-20-00905.1>
- Muthiah, A., Aggarwal, V., Muthiah, C., Wei, C., Ollila, T., Quesenberry, M. I., & Dizon, D. S. (2022). Analysis of hematology and oncology fellowship website content and diversity representation. *JCO Oncology Practice, 18*(4), 600-609. <https://doi.org/10.1200/OP.21.00623>

- Niemann, Y. F. (1999). The making of a token: A case study of stereotype threat, stigma, racism, and tokenism in academe. *Frontiers: A Journal of Women Studies*, 20(1), 111-134. <https://doi.org/10.2307/3346994>
- Niemann, Y. F. (2016). The social ecology of tokenism in higher education. *Peace Review*, 28(4), 451-458. <https://doi.org/10.1080/10402659.2016.1237098>
- Ofner, M., Coles, A., Decou, M. L., Do, M. T., Bienek, A., Snider, J., & Ugnat, A.-M. (2018). *Autism spectrum disorder among children and youth in Canada*. Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018.html>
- Pizer, J. (1988). Diktat or dialogue? On Gadamer's concept of the art work's claim. *Philosophy and Literature*, 12(2), 272-279. <https://doi.org/10.1353/phl.1988.0014>
- Rankin, J. C., Pearl, A. J., de St Jorre, T., McGrath, M. M., Dyer, S., Sheriff, S., Armitage, R., Ruediger, K., Jere, A., Zafar, S., Sedres, S., & Chaudhary, D. (2022). Delving into institutional diversity messaging: A cross-institutional analysis of student and faculty interpretations of undergraduate experiences of equity, diversity, and inclusion in university websites. *Teaching and Learning Inquiry*, 10. <https://doi.org/10.20343/teachlearninqu.10.10>
- Richards, P. (2002). Diversity, equity, and inclusion starts in early childhood. *Educating Young Children*, 28(3), 34-37.
- Sanchez, A. N., Martinez, C. I., Lara, A. M., Washington, M., Escalon, M. X., & Verduzco-Gutierrez, M. (2021). Evaluation of diversity and inclusion presence among US physical medicine and rehabilitation residency program websites. *American Journal of Physical Medicine & Rehabilitation*, 100(12), 1196-1201. <https://doi.org/10.1097/PHM.0000000000001693>
- Saxe, A. (2017). The theory of intersectionality: A new lens for understanding the barriers faced by autistic women. *Canadian Journal of Disability Studies*, 6(4), 153-178. <https://doi.org/10.15353/cjds.v6i4.386>
- Scott, K., Krasnodembski, M., Sivapalan, S., Brayton, B., Belanger, N., Gagnon, R., McLaughlin, J., & Lai, J. (2021). Towards health equity in a national autism strategy: A lens on disparities, barriers, and solutions. *Canadian Journal of Autism Equity*, 1(1), 62-72. <https://doi.org/10.15173/cjae.v1i1.4992>
- Shkedy, G., Shkedy, D., & Sandoval-Norton, A. (2021). Long-term ABA therapy is abusive: A response to Gorycki, Ruppel, and Zane. *Advances in Neurodevelopmental Disorders*, 5(2), 126-134. <https://doi.org/10.1007/s41252-021-00201-1>
- Sinclair, J. (2012). Autism network international: The development of a community and its culture. In J. Bascom (Ed.), *Loud hands: Autistic people, speaking* (pp. 22-70). Autistic Press.
- Sins Invalid. (n.d.). *10 principles of disability justice*. <https://www.sinsinvalid.org/blog/10-principles-of-disability-justice>
- Soklaridis, S., Lin, E., Black, G., Paton, M., LeBlanc, C., Besa, R., MacLeod, A., Silver, I., Whitehead, C. R., & Kuper, A. (2022). Moving beyond “think leadership, think white male”: The contents and contexts of equity, diversity and inclusion in physician leadership programmes. *BMJ Leader*, 6(2), 146-157. <https://doi.org/10.1136/leader-2021-000542>
- Sparrow, M. (Ed.). (2020). *Spectrums: Autistic transgender people in their own words*. Jessica Kingsley Publishers.
- Statistics Canada. (2024). *Ethnocultural diversity in Canadian cities*. <https://www.statcan.gc.ca/o1/en/plus/7238-ethnocultural-diversity-canadian-cities>
- Statistics Canada. (2023a). *Annual demographic estimates: Canada, provinces and territories, 2022 – Analysis: Total population*. <https://www150.statcan.gc.ca/n1/pub/91-215-x/2022001/sec1-eng.htm>
- Statistics Canada. (2023b). *English-French bilingualism in Canada: Recent trends after five decades of official bilingualism*. <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-x/2021013/98-200-x2021013-eng.pdf>
- Vicioso, N. L., Woreta, F., & Sun, G. (2022). Presence of diversity or inclusion information on US ophthalmology residency program websites. *JAMA Ophthalmology*, 140(6), 606-609. <https://doi.org/10.1001/jamaophthalmol.2022.1326>

- Ward, V. L., Tennermann, N. W., Chuersanga, G., Melvin, P., Milstein, M. E., Finkelstein, J. A., Garvin, M. M., Wood, L. J., Rauscher, N. A., Laussen, P. C., Leichtner, A. M., Emans, S. J., & Churchwell, K. B. (2022). Creating a health equity and inclusion office in an academic pediatric medical center: Priorities addressed and lessons learned. *Pediatric Radiology*, 52(9), 1776-1785. <https://doi.org/10.1007/s00247-022-05283-0>
- Weir, S. H., & Wyman, N. (2021, April 6). *Op-ed: Employers' diversity and equity efforts often overlook people with disabilities*. CNBC. <https://www.cnbc.com/2021/04/06/op-ed-diversity-equity-efforts-often-overlook-those-with-disabilities-.html>
- Williams, A. (2018). Autonomously autistic: Exposing the locus of autistic pathology. *Canadian Journal of Disability Studies*, 7(2), 60-82. <https://doi.org/10.15353/cjds.v7i2.423>.
- Williams, E. (2025, February 15). *How some organizations are changing course on equity, diversity and inclusion initiatives*. CBC News. <https://www.cbc.ca/news/canada/edmonton/how-some-organizations-are-changing-course-on-equity-diversity-and-inclusion-initiatives-1.7456341>
- Yan, T. D., Mak, L. E., Carroll, E. F., Khosa, F., & Yong-Hing, C. J. (2022). Gender-inclusive fellowship naming and equity, diversity, and inclusion in radiology: An analysis of radiologists department websites in Canada and the United States. *Canadian Association of Radiologists Journal*, 73(3), 473-477. <https://doi.org/10.1177/08465371211066104>
- Young-Bruehl, E. (2012). *Childism: Confronting prejudice against children*. Yale University Press.