

2020 Special Needs Workforce Survey Summary of Findings

Business Intelligence and Practice Division (BIPD)

May 2021

Executive Summary

Supply of Providers in Ontario

- In total, 2,269 providers of behavioural services, speech and language therapy and occupational therapy responded, who primarily work in community agencies, private clinics, hospitals, and school boards.
- COVID-19 has caused a number of changes in how respondents work, including a shift to virtual service delivery and new safety protocols being implemented.

Distribution of Providers in Ontario

- The greatest proportion of survey respondents serve the central and Toronto regions. These regions had the highest proportions of providers surveyed with ‘some’ or ‘significant’ capacity to serve more clients.

Demographic Profile of Providers in Ontario

- Survey respondents are predominantly white, female, under 45 years of age, and have dependent care responsibilities.
- 13% of survey respondents can deliver services in French.
- Less than 1% of respondents identified as Indigenous; many survey respondents expressed interest in cultural competency training.

Provider Experiences in Ontario:

- Most survey respondents have been practicing for more than 10 years.
- More than half of survey respondents are satisfied with their primary employer.
- The most common reason survey respondents across each workforce segment considered leaving was physical, mental, emotional stress/burnout, followed by inadequate compensation and lack of career advancement.

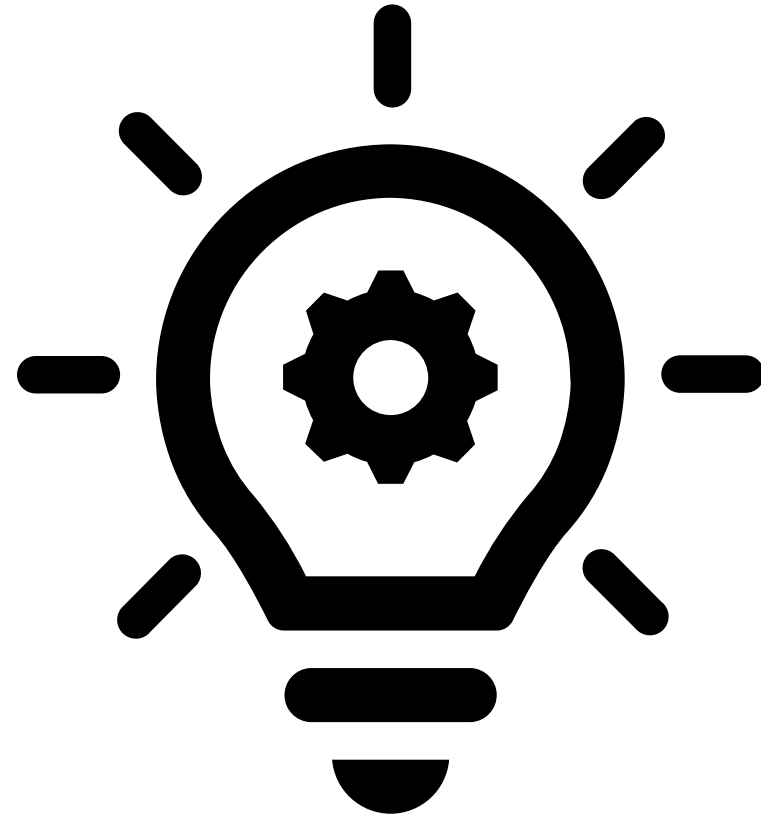
Common Challenges and Opportunities of Providers in Ontario

- Survey respondents commonly identified needing sufficient and stable funding, more support for in-school service delivery, regular learning and professional development opportunities and improved pay and benefits for staff to address the biggest challenges they faced providing service.

Overview

- Objective, Purpose, Methodology & Limitations
- Supply of Providers in Ontario
- Distribution of Providers in Ontario
- Demographic Profile of Providers in Ontario
- Provider Experiences in Ontario
- Common Challenges and Opportunities of Providers in Ontario
- Appendix

Objective, purpose, methodology and limitations



Objective and purpose

- The objective of this research project was to better understand the availability, distribution, and competencies of Ontario’s workforce for clinical special needs services (including those in a consultative role). This included individuals who provide the following services in any capacity, and at any level, to a broad range of clients:
 - **Behavioural services (Applied Behaviour Analysis – ABA)**, which involves behavioural observation, data collection and analysis to create strategies that teach functional behaviour and reduce behaviours that interfere with skill development and day-to-day functioning.
 - **Speech and Language Therapy** that supports people with communication, speech and language needs, including feeding, swallowing and alternative and augmentative communication.
 - **Occupational Therapy** that supports people to be successful with everyday activities, such as eating, getting dressed, grooming, bathing and/or sleeping.
- Different roles **providing behavioural services** were also examined since there is limited data publicly available on this specific workforce segment (i.e., supervised practitioners, autonomous practitioners, consulting practitioners, administrative practitioners, other).¹
- These findings are intended to support planning for programs that fund or directly provide services to children with special needs.

¹See [appendix](#) for descriptions of the different roles providing behavioural services.

Methodology

MCCSS ran an online survey between September 23rd and November 21st, 2020. A total of 2,269 providers of behavioural services, speech and language therapy and occupational therapy participated. ²

- Of those surveyed, 897 (40% of the sample) identified behavioural services as their primary area of practice, 801 (35%) identified occupational therapy as their primary area of practice, while 571 clinicians (25%) indicated speech and language therapy. This is estimated to be a rather small proportion of the total population of clinicians who provide behavioural services, occupational therapy, and speech and language therapy. (See appendix for more information).

Unless otherwise noted, the source of the data presented in this document is the Special Needs Workforce Survey.³

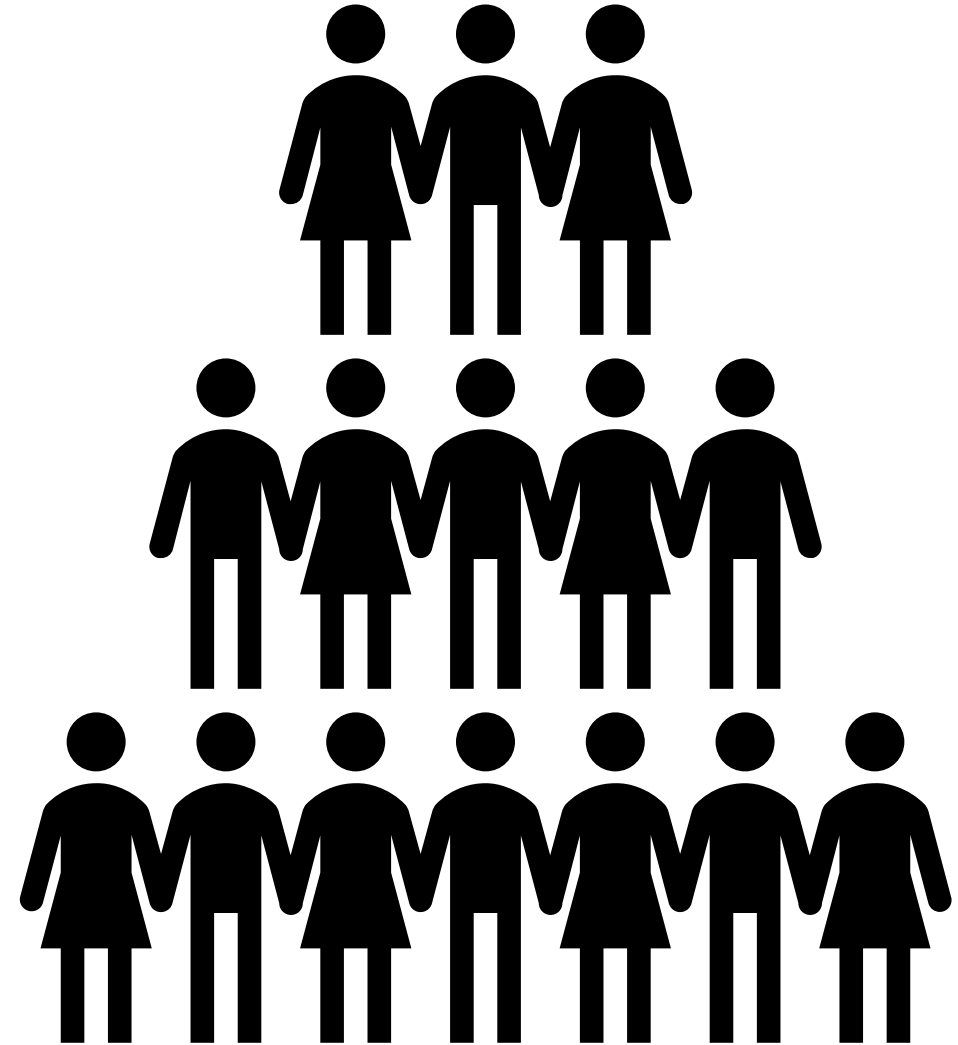
Limitations

Interpretation of the following slides/findings should be tempered given the non-random sampling method that was used for the Special Needs Workforce Survey.

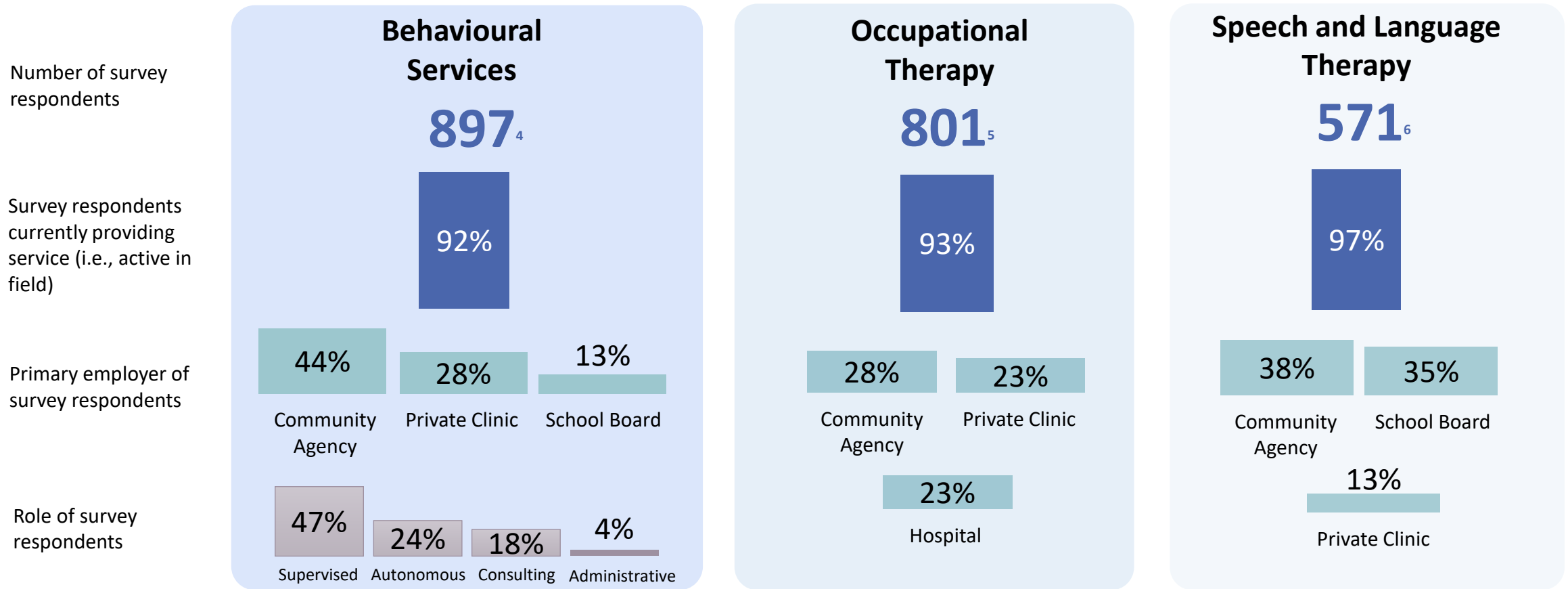
² Although 93 physiotherapists also participated in the survey, they were excluded from this analysis due to a small sample size which did not allow for similar regional breakdowns that data for other workforce segments did. See [appendix](#) for a summary of key findings.

³ To complement the survey, a variety of internal/external data sources from the Ministry of Children, Community and Social Services (MCCSS), Statistics Canada, the Behavior Analyst Certification Board (BACB), the College of Occupational Therapists of Ontario (COTO) and the College of Audiologists and Speech-Language Pathologists (CASLPO) were analyzed. See [appendix](#) for additional methodology details.

Supply of Providers in Ontario



Overview of survey respondents



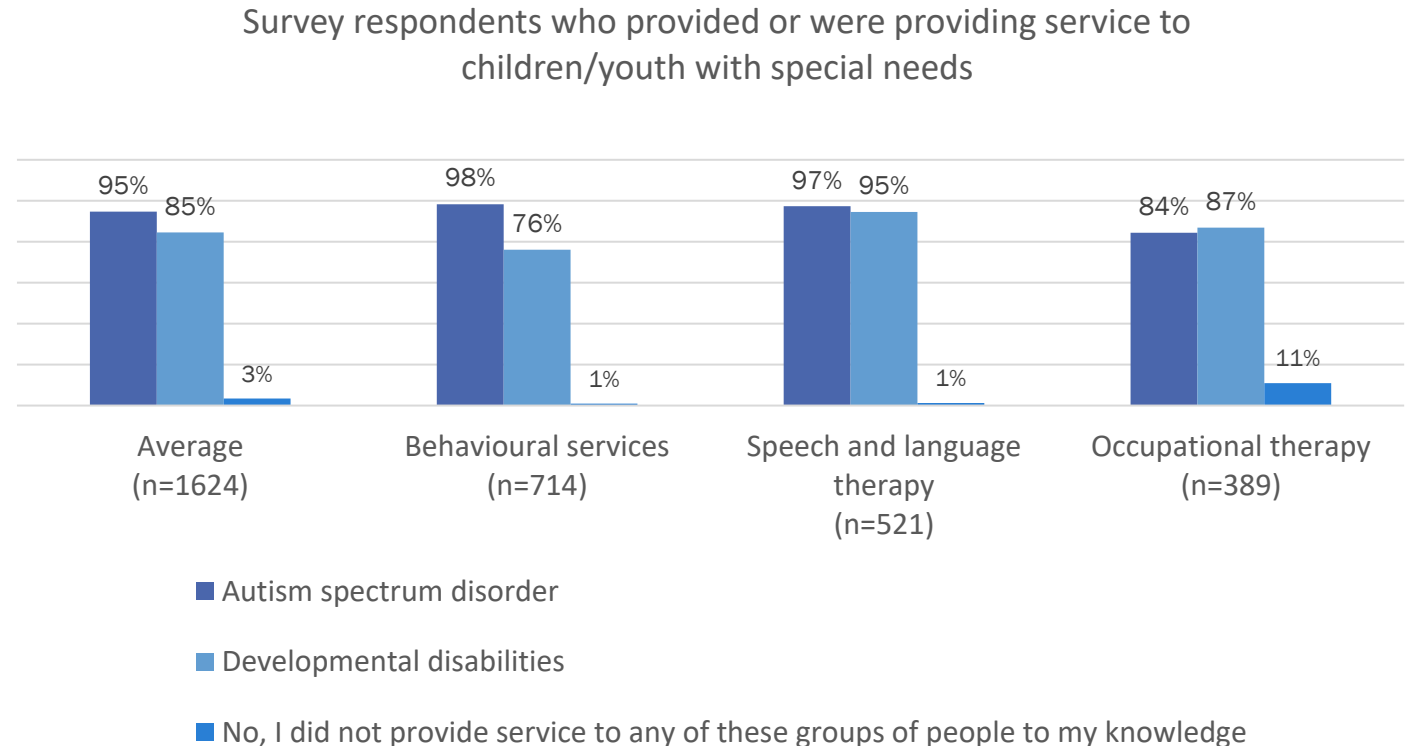
⁴ There were 1,600 BACB Certificants in Ontario as of December 2020. Source: BACB Certificate Data, December 2020: <https://bacb.com/services/o.php?page=101134>; This figure does not include Psychologists who do not hold a BACB certificate.

⁵ There were 6,500 Registered Occupational Therapists in Ontario as of 2019. Source: CASLPO Annual Report, 2019: https://caslpo.com/sites/default/uploads/files/PUB_EN_CASLPO_2019_Annual_Report.pdf

⁶ There were 3,500 Registered Speech Language Pathologists in Ontario as of 2020. Source: COTO Annual Report, 2020: https://www.coto.org/docs/default-source/pdfs/annual-report-college-of-occupational-therapists-of-ontario-2020.pdf?sfvrsn=c0e00aa_2

Number of providers working in children's autism services

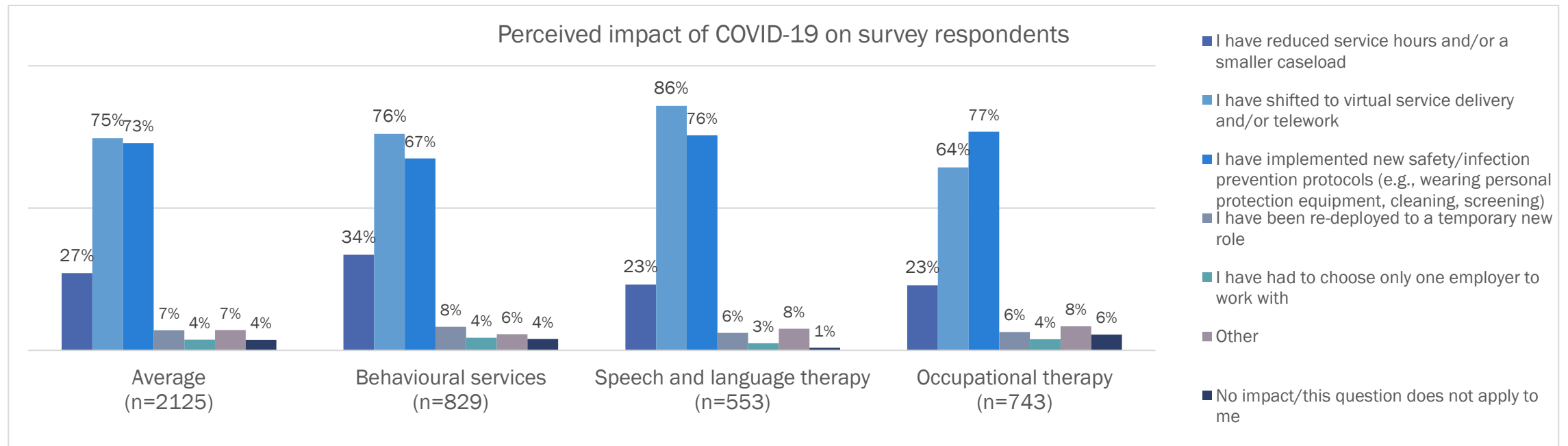
- 95% of survey respondents indicated that they had provided or were providing service to a child/youth with ASD or a suspected diagnosis.⁷
- Among all survey respondents:
 - 83% had clients receiving funding or services through the Ontario Autism Program (OAP) (either through childhood budgets, interim one-time funding or direct services).
 - 79% described their hours of work as full-time (e.g., at least 30 hours per week at one job).
 - 35% described their current caseload size as 'being at capacity and serving an appropriate number of clients'.
 - 33% described their current caseload size as 'having some capacity to service more clients'.



⁷ ASD was defined in the survey as a lifelong neurological disorder that affects the way a person communicates and relates to the people and world around them. This differs from a developmental disability which has prescribed limitations in cognitive and adaptive functioning, which begin in childhood and are typically life-long in nature (e.g., Down Syndrome, Fragile X and Angelman's Syndrome).

Perceived impact of COVID-19

- Shifting to virtual service delivery (75%) and implementing new safety/infection prevent protocols (73%) were the most common ways COVID-19 impacted survey respondents.
- 27% of all survey respondents experienced reduced service hours and/or a smaller caseload due to COVID-19.
- Among providers of behavioural services, autonomous practitioners most frequently experienced reduced service hours and/or a smaller caseload due to COVID-19 compared to any other type (38%).
- COVID-19 has had a disproportionate economic impact on women in Ontario. As the surveyed workforce is predominately female with dependent care responsibilities, we can expect that many of these impacts affected this workforce as well.



Virtual service delivery

- 90% of survey respondents are currently, or would consider, providing services remotely through teleconference and/or videoconferencing.
- This was highest among survey respondents providing speech and language therapy (95%), followed by behavioural services (94%) and occupational therapy (83%).
- Survey respondents expressed interest in training on delivering services virtually to support their work with clients.

Distribution of Providers in Ontario by MCCSS Region⁸

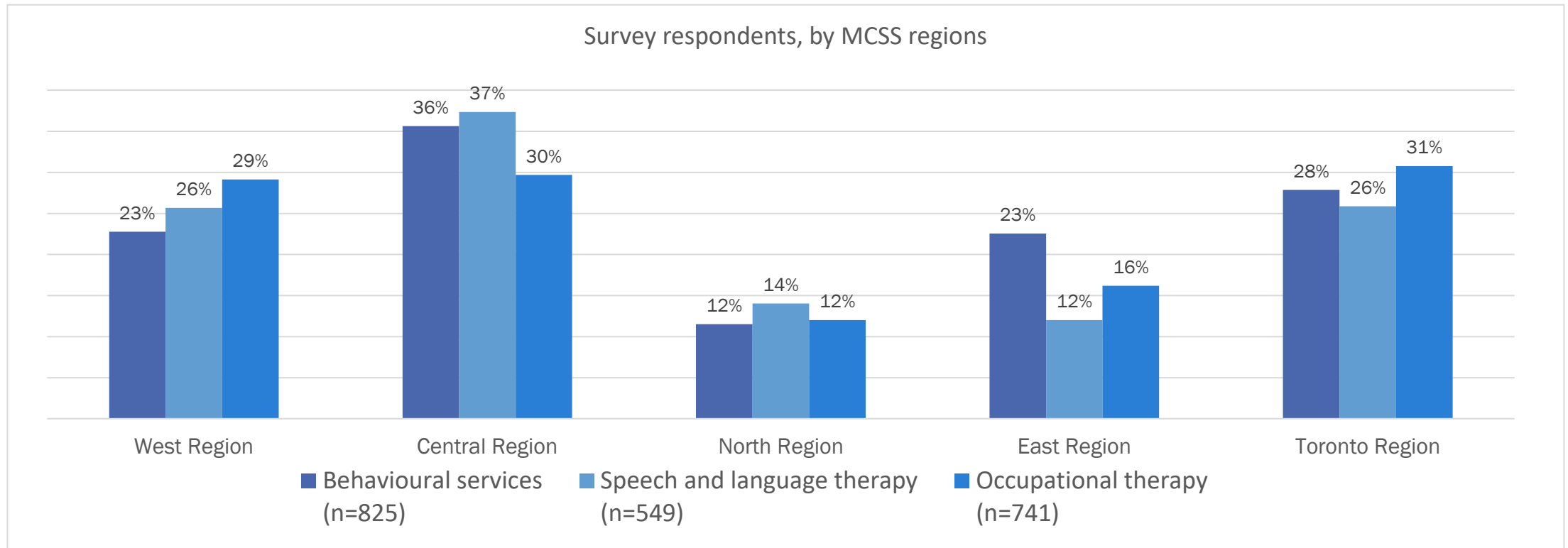
⁸ MCCSS has five regional boundaries in order to deliver more integrated and seamless services:

<https://www.mcass.gov.on.ca/en/mcass/regionalmap/regional.aspx>



Regional workforce density

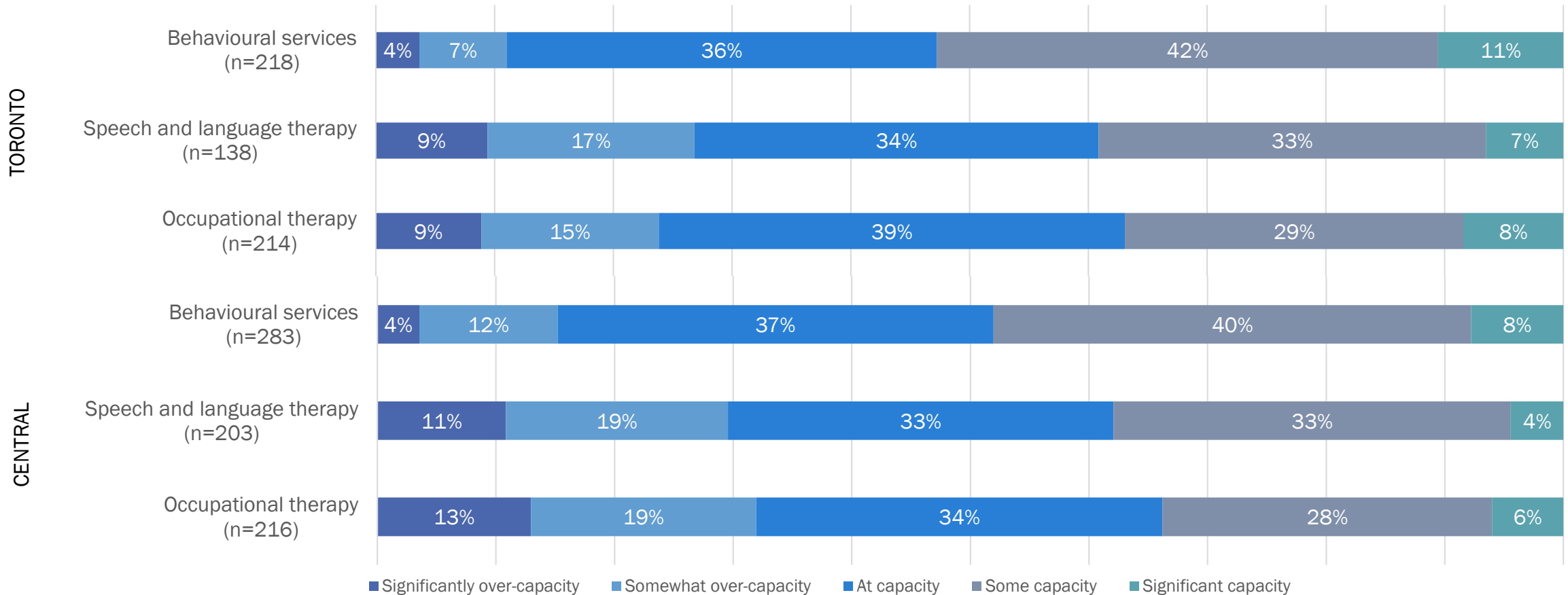
The highest percentage of survey respondents indicated that they served central and Toronto regions, while the lowest percentage indicated that they serve north and east.



Regional workforce density: caseload capacity

Toronto region had the highest percentage of survey respondents that had 'some' or 'significant' capacity to serve more clients (43%), followed by the central region (40%).

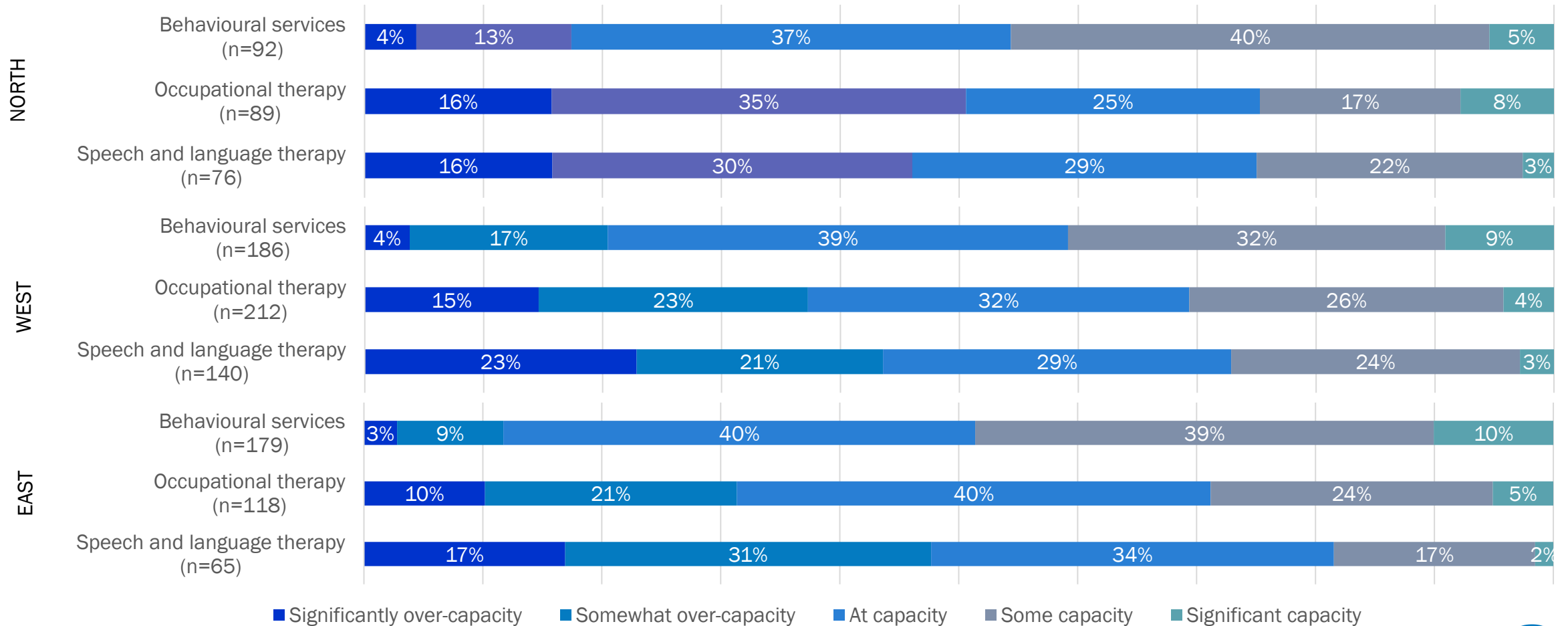
Perceived caseload capacity of survey respondents, by MCCSS region



Regional workforce density: caseload capacity (continued)

North region had the highest percentage of survey respondents that were 'somewhat' or 'significantly' over capacity (38%), followed by the west region (34%).

Perceived caseload capacity of survey respondents, by MCCSS region



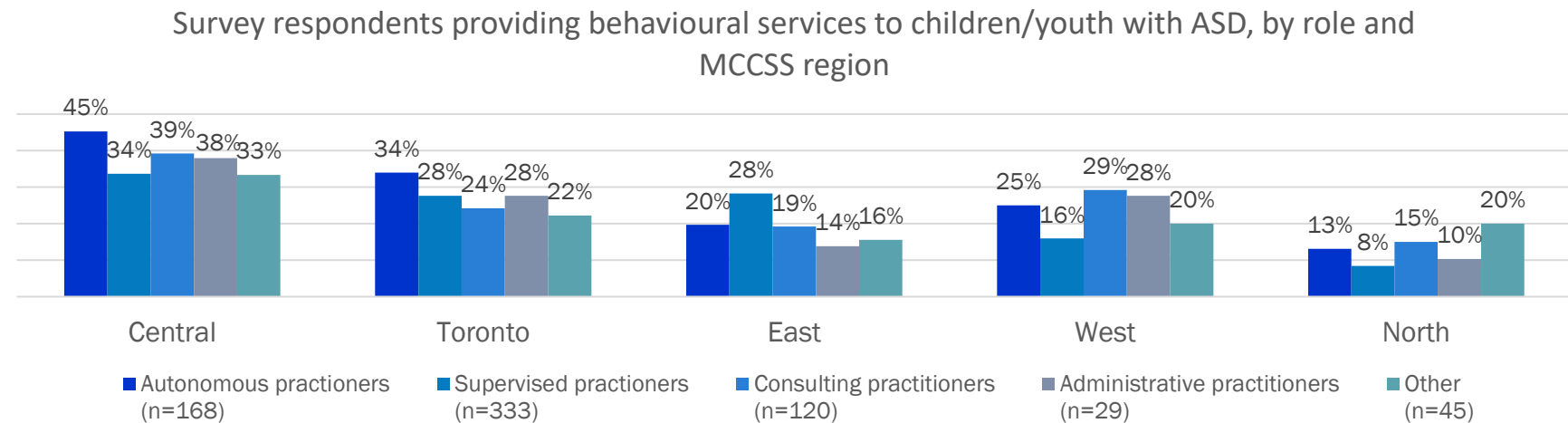
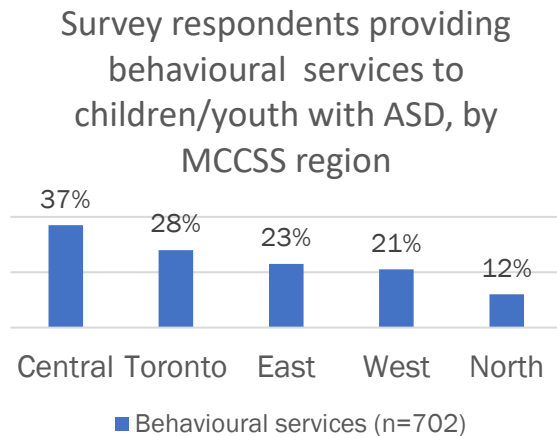
Regional workforce density: Behavioural services

All survey respondents:

- Survey respondents providing behavioural services to the general population were concentrated in Toronto (M5S), Whitby (L1N), and Ottawa (K1H).
- 47% of survey respondents providing behavioural services indicated that they have ‘some’ or ‘significant’ capacity to serve more clients. The highest proportions worked in Toronto (53%), east (49%) and central (48%) regions.

Survey respondents providing service to children/youth with ASD:

- The majority of survey respondents providing behavioural services to children/youth with ASD worked in the central (37%) and Toronto (28%) regions.⁹
- 49% of survey respondents providing behavioural services to children/youth with ASD indicated that they have ‘some’ or ‘significant’ capacity to serve more clients. This was highest among providers in Toronto (55%) and east (51%) regions.



⁹ Note that clinicians may serve more than one region.

Regional workforce density: Occupational therapy

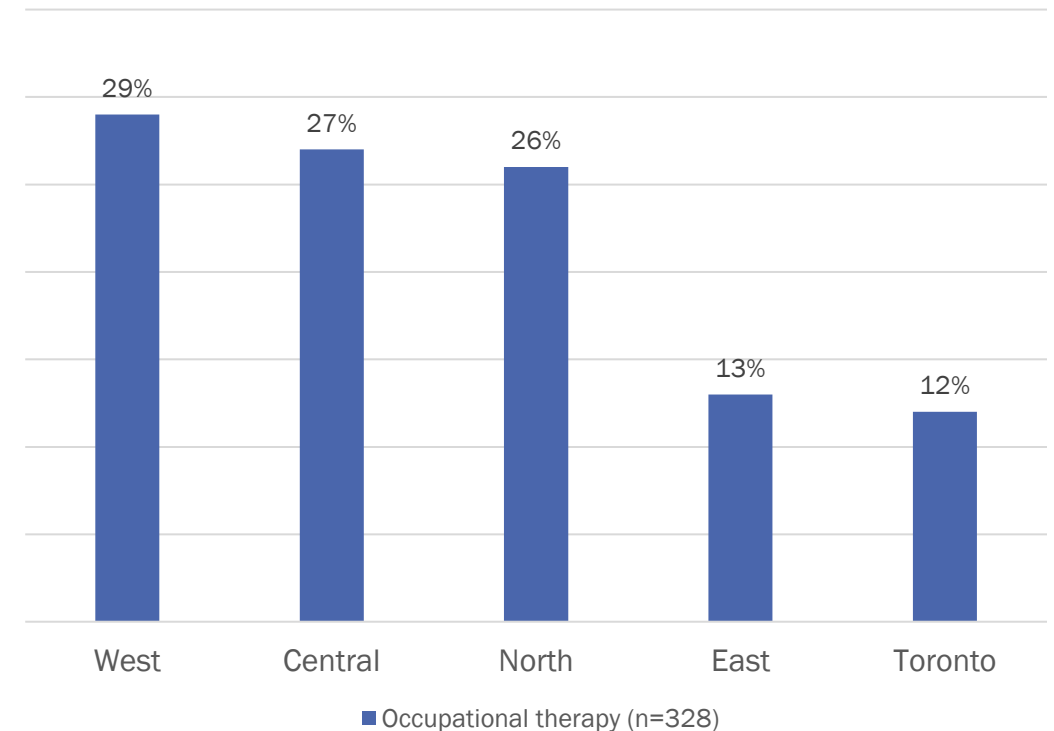
All survey respondents:

- Survey respondents providing occupational therapy to the general population were concentrated in Toronto (M5G), Kingston (K7L), and Ottawa (K1H).
- 31% of survey respondents providing occupational therapy indicated that they have 'some' or 'significant' capacity to serve more clients. The highest proportions worked in Toronto (37%) and central (34%) regions.

Survey respondents providing service to children/youth with ASD:

- The greatest proportions of survey respondents providing occupational therapy to children/youth with ASD worked in the west (29%) and central region (27%).¹¹
- Toronto region had the smallest proportion of survey respondents providing occupational therapy to children/youth with ASD.
- 34% of survey respondents providing occupational therapy to children/youth with ASD indicated that they have 'some' or 'significant' capacity to serve more clients. This was highest among providers in Toronto and west regions (both 37%).

Survey respondents providing occupational therapy to children/youth with ASD, by MCCSS region



¹¹Note that clinicians may serve more than one region.

Regional workforce density: Speech and language therapy

All survey respondents:

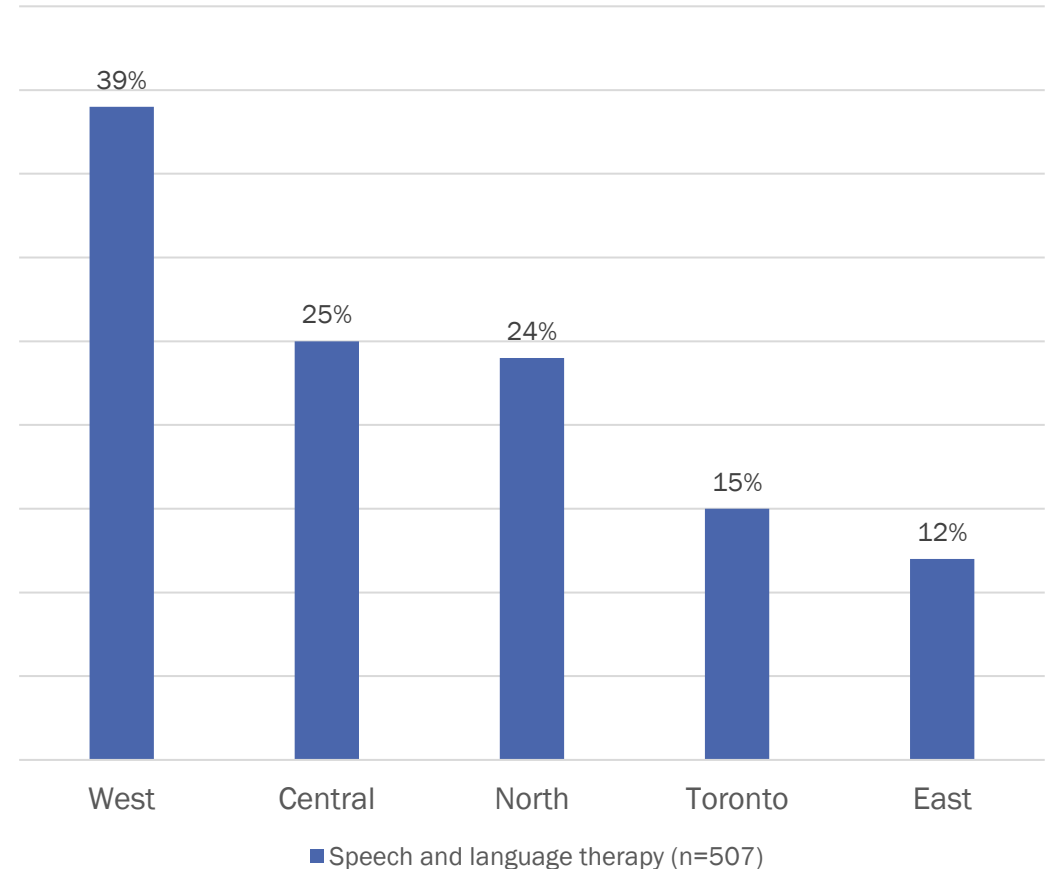
- Survey respondents providing speech and language therapy were concentrated in Aurora (L4G), St. Catharines (L2T), and Waterloo (N2K).
- 29% of survey respondents providing speech and language therapy surveyed indicated that they have 'some' or 'significant' capacity to serve more clients. The highest proportions worked in Toronto (39%) and central (37%) regions.

Survey respondents providing service to children/youth with ASD:

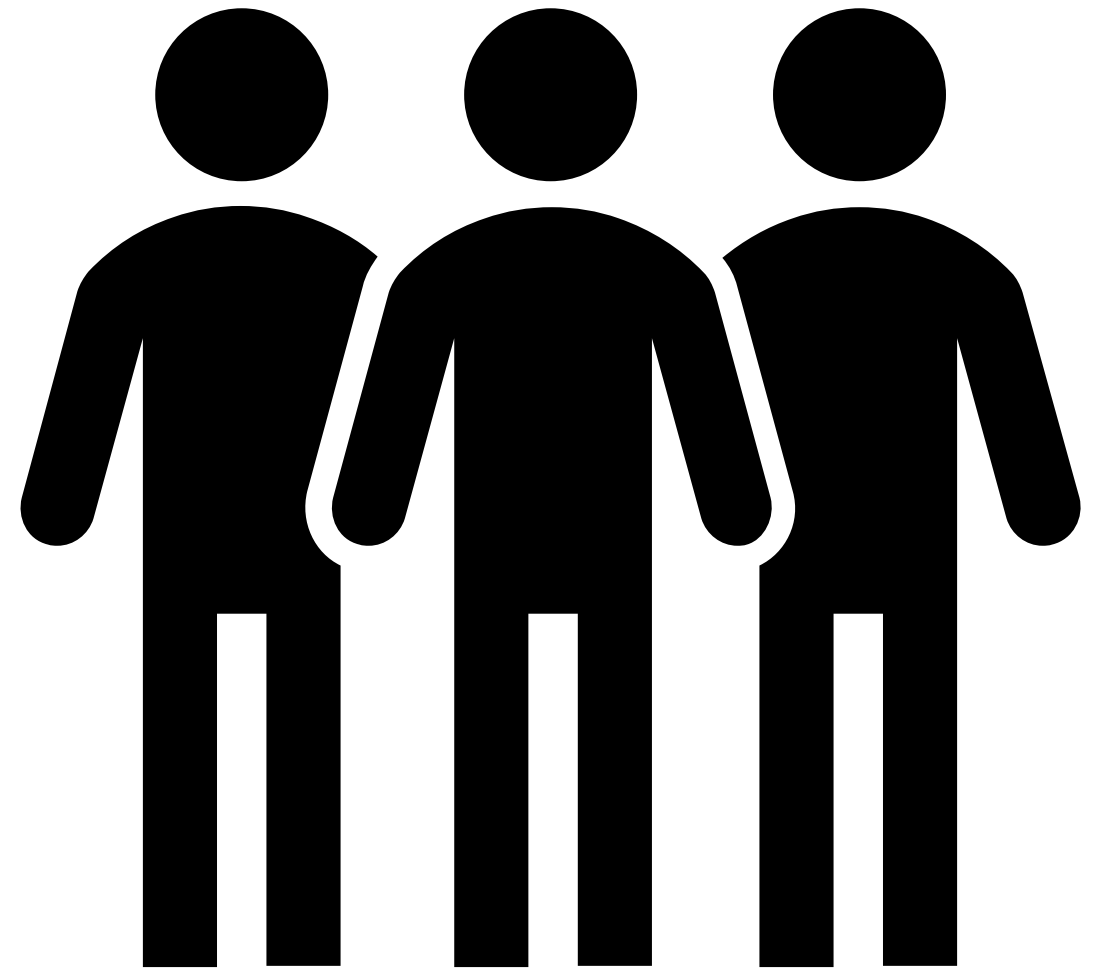
- The greatest proportions of survey respondents providing speech and language therapy to children/youth with ASD worked in the west (39%), central (25%) and north (24%) regions.¹²
- Similar to providers of occupational therapy, the proportion of speech and language therapists serving children/youth with ASD in Toronto is relatively low compared to other regions.
- 29% of survey respondents providing speech and language therapy to children/youth with ASD indicated that they have 'some' or 'significant' capacity to serve more clients. This was highest among providers in Toronto (49%) and central (37%) regions.

¹²Note that clinicians may serve more than one region.

Survey respondents providing speech and language therapy to children/youth with ASD, by MCCSS region

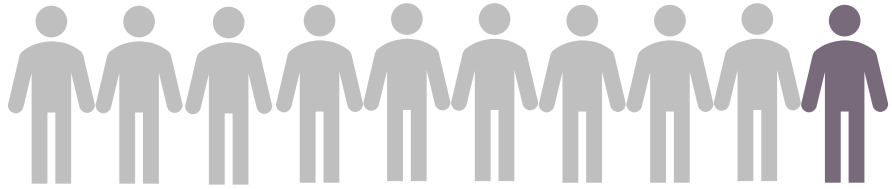


Demographic Profile of Providers in Ontario

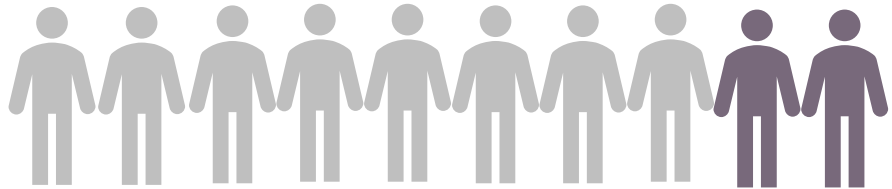


Profile of providers

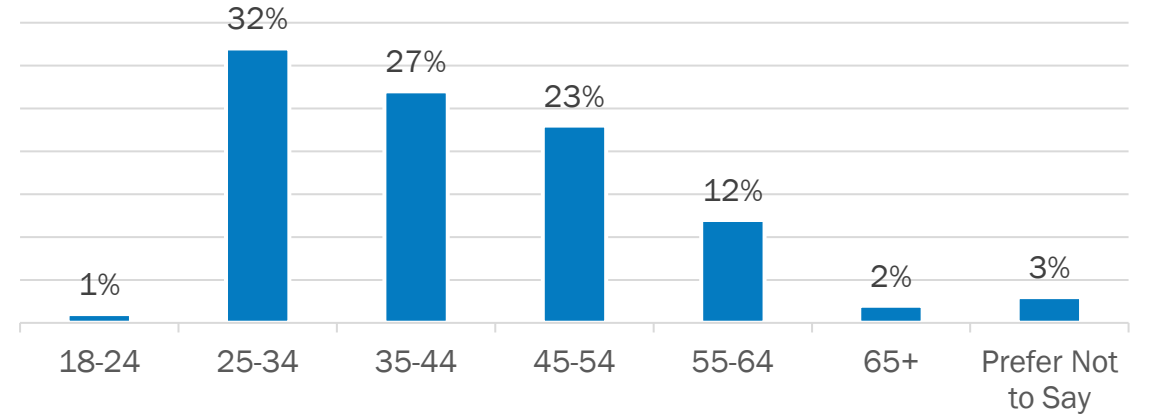
91% identified as female



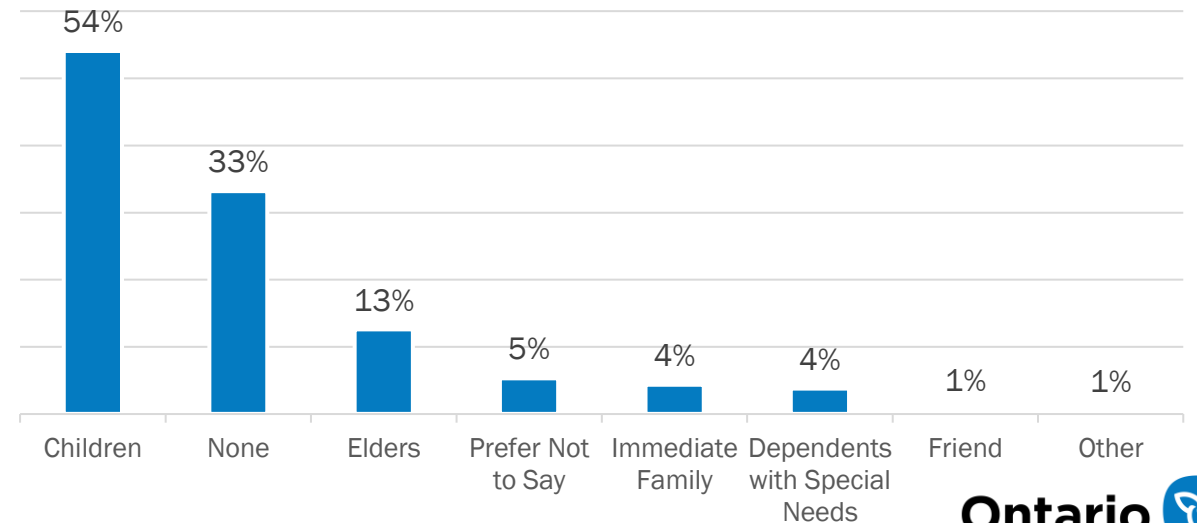
79% identified as white



More than half are younger than 45



More than half are responsible for dependent care (e.g., children, elders, etc.)



French language capacity

- French is the first official language spoken by 4% of Ontarians.
- 13% of all survey respondents identified as being able to provide services in French. The highest proportions being among speech and language therapists (16%) and occupational therapists (14%).
- Within MCCSS' regions, survey respondents in the east (27%) and north (26%) regions most frequently were able to provide services in French.

Table 1: Percentage of population with French as first official language and percentage of surveyed clinicians able to provide services in French, by MCCSS region

	% of Pop. with French as first official language¹³	% of survey respondents able to provide services in French
Province	4%	13%
East Region	10%	27%
North Region	14%	26%
West Region	2%	8%
Central Region	1%	7%
Toronto Region	1%	9%

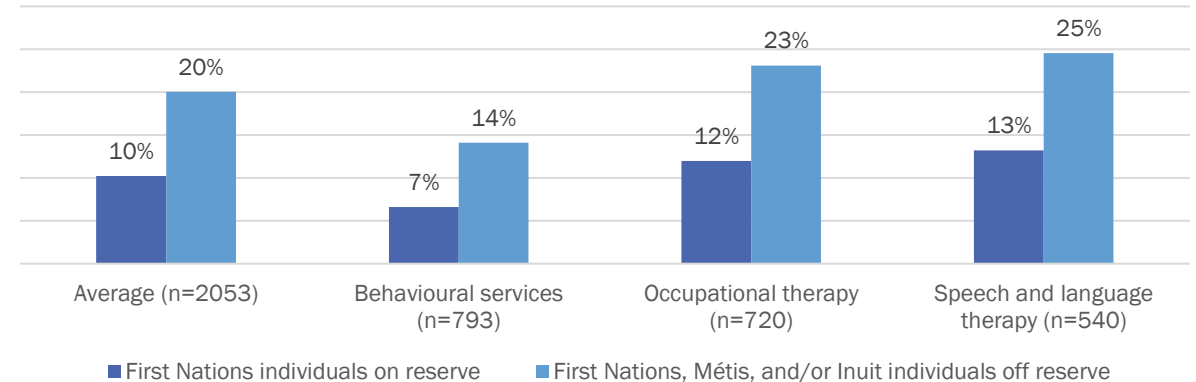
¹³ Source: Statistics Canada (2016). Census profiles by Census Divisions – aggregated for MCCSS Regions

Indigenous clinicians and cultural competency

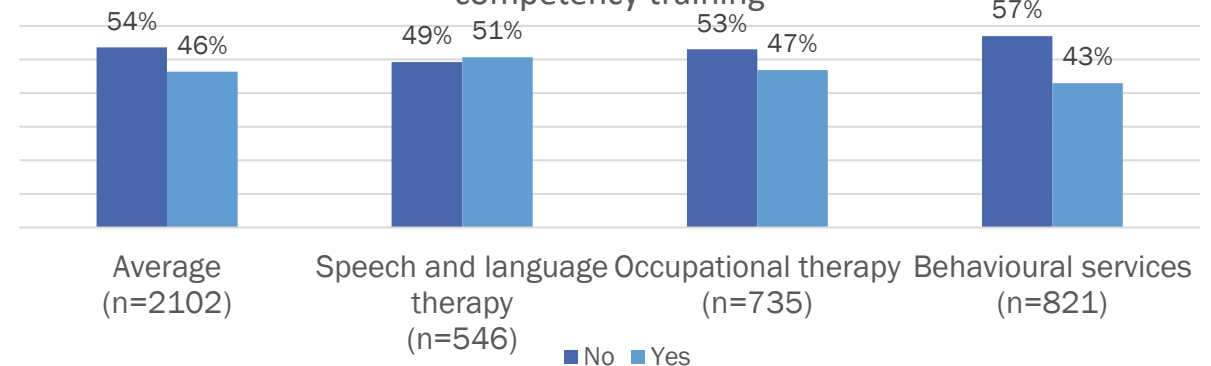
- Indigenous people make up ~3% of Ontario’s population.¹⁴
- Among survey respondents:
 - 1% identified as Indigenous (e.g., First Nations, Métis and/or Inuk descent).
 - 10% are currently providing service to First Nations individuals on reserve.
 - 20% are currently providing service to First Nations off reserve, and Métis and/or Inuit individuals.
 - 46% have received Indigenous cultural competency training. The lowest proportions being among providers of behavioural services (43%) and occupational therapy (47%).
 - Providers of behavioural services, such as supervised practitioners, frequently highlighted ‘cultural awareness/competency/ sensitivity training’ as one of the most effective training opportunities to support their work with clients.

¹⁴Source: Statistics Canada (2016).

Survey respondents providing service to First Nations, Métis and/or Inuk individuals on/off reserve



Surveyed providers who received Indigenous cultural competency training

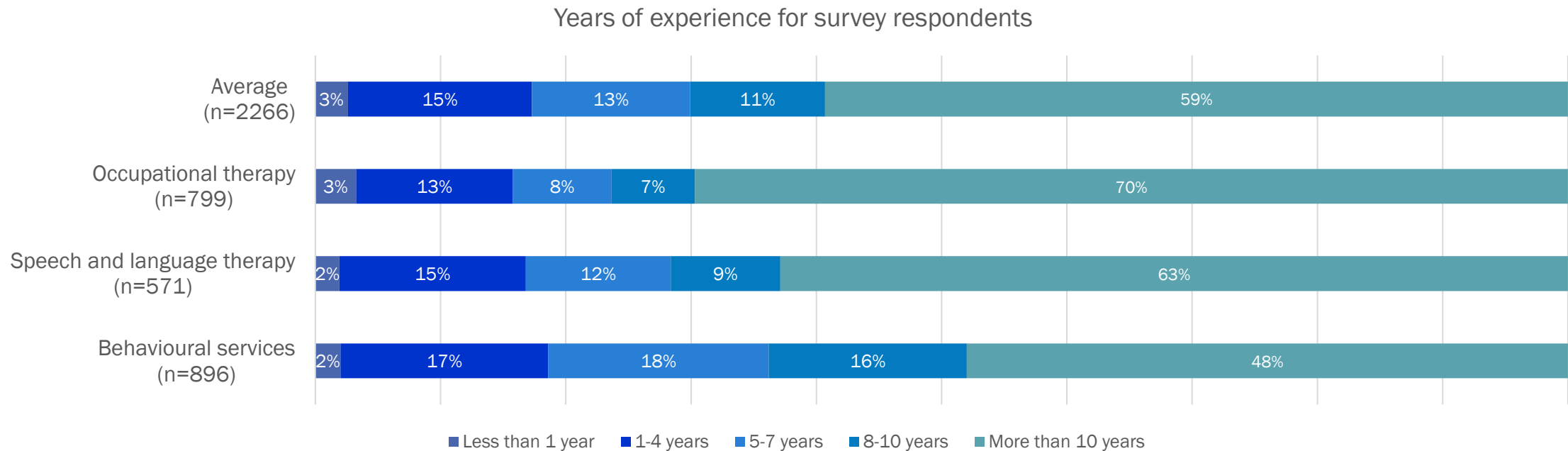


Provider Experiences in Ontario



Median experience level

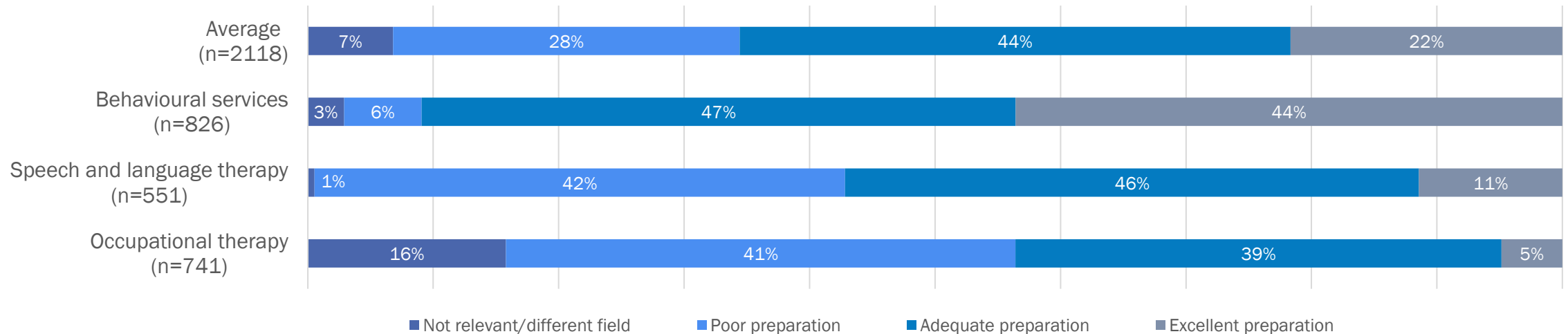
- 59% of all survey respondents have been providing service for more than 10 years.
- 48% of survey respondents providing behavioural services have been providing service for more than 10 years.
- While 28% of supervised practitioners surveyed have been providing behavioural services between 1-4 years , over half of consulting practitioners (58%), autonomous practitioners (63%), administrative practitioners (75%) and others (63%) have provided these services for more than 10 years.



Educational preparedness

- All survey respondents were asked how well their formal education had prepared them to serve children and/or adolescents (aged 2-17) with autism spectrum disorder, regardless of whether or not they currently serve this population.
- 66% of all survey respondents felt their formal education provided them with either 'adequate' (44%) or 'excellent' preparation (22%) to provide services for children and/or adolescents (aged 2-17 years) with autism spectrum disorder.
- Over 90% of survey respondents providing behavioural services felt their formal education provided them with either 'adequate' (47%) or 'excellent' preparation (43%). This was highest among autonomous practitioners (93%), followed by supervised practitioners (91%).
- Providers of occupational therapy had the lowest proportion of survey respondents who felt their formal education provided them with either 'adequate' (39%) or 'excellent' preparation (5%).

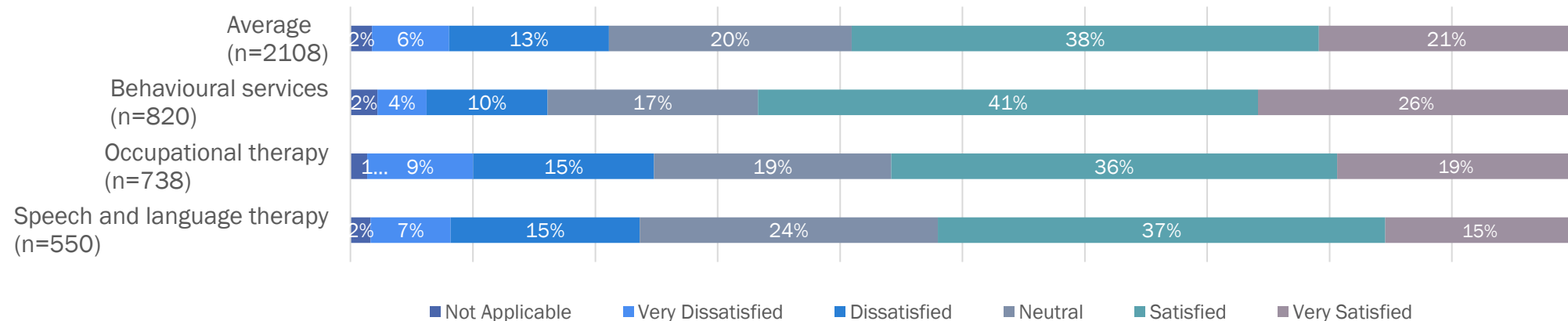
How well survey respondents perceive their formal education prepared them to serve children and/or adolescents (aged 2-17 years) with ASD



Job satisfaction: Decision making

- 59% of all survey respondents were either 'satisfied' (38%) or 'very satisfied' (21%) with the opportunities to be involved in decision-making. This was highest among providers of behavioural services at 67%.
- Increased satisfaction with opportunities to be involved in decision-making was the best predictor of overall job satisfaction.¹⁵
- Satisfaction with opportunities to be involved in decision-making and whether someone seriously considered leaving their primary area of practice was negatively correlated.¹⁶ As satisfaction with opportunities to be involved in decision-making increased the likelihood of a provider seriously considering leaving their primary area of practice slightly decreased.

Level of satisfaction with the opportunities available for survey respondents to be involved in decision-making at their primary employer



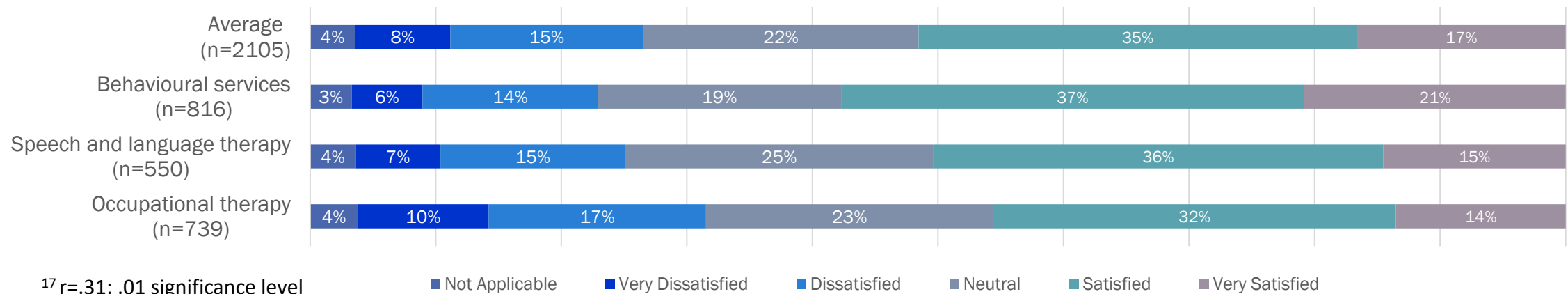
¹⁵ $r = .42$; .01 significance level

¹⁶ $r = -.24$; .01 significance level

Job satisfaction: Training and professional learning

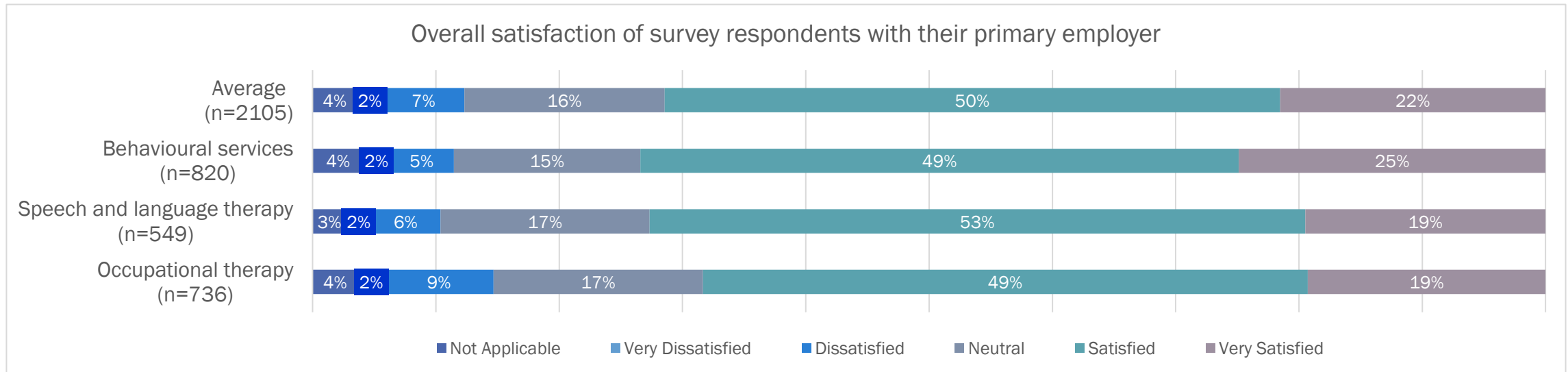
- 52% of all survey respondents were either 'satisfied' (35%) or 'very satisfied' (17%) with the training and professional learning opportunities offered to them. This was highest among providers of behavioural services at 58%.
- Being satisfied with the training and professional learning opportunities offered was the second-best predictor of overall job satisfaction. As satisfied with the training and professional learning opportunities offered increased, so did overall job satisfaction slightly.¹⁷

Level of satisfaction with the training and professional opportunities offered to survey respondents at their primary employer



Overall job satisfaction

- 72% of all survey respondents were either 'satisfied' (50%) or 'very satisfied' (22%) with their primary employer. This was highest among providers of behavioural services (74%), followed closely by speech and language therapy (72%) and occupational therapy (68%).
- Job satisfaction and whether someone seriously considered leaving their primary area of practice was negatively correlated.¹⁸ This means, as job satisfaction increased the likelihood of them seriously considering leaving their primary area of practice moderately decreased.
- Job satisfaction and years of providing service was negatively correlated.¹⁹ As years of service increased, job satisfaction slightly decreased.



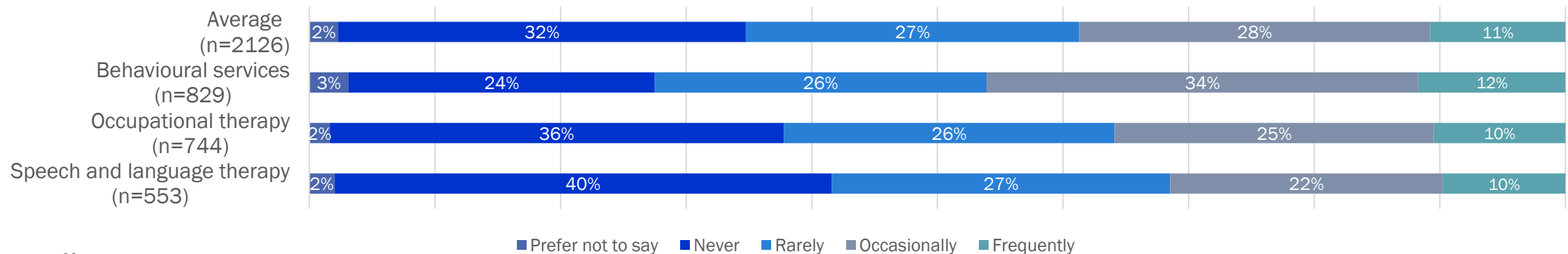
¹⁸ $r = -.23$; .001 significance level

¹⁹ $r = -.07$; .05 significance level

Leaving primary employer/area of practice

- While 33% of all survey respondents never considered leaving their primary area of practice, 65% did so to some degree (i.e., either rarely, occasionally or frequently).
- Behavioural services had the highest proportions of survey respondents who ‘occasionally’ (34%) or ‘frequently’ (12%) consider leaving. This was most prevalent among supervised practitioners at 36% and 14%.
- The most common reason survey respondents across each workforce segment considered leaving was physical, mental, emotional stress/burnout (52%), followed by inadequate compensation (40%) and lack of career advancement (31%).
- Providers of behavioural services also frequently identified sector instability/uncertainty as a reason they considered leaving (34%) no matter their role.
- Years of service was positively correlated with whether a clinician considered leaving their primary area of practice.²⁰ As years of service increase, the likelihood a clinician considered leaving slightly increased.

Self-reported frequency a clinician seriously considers leaving their primary area of practice



²⁰ $r=.13$; .001 significance level

Common Challenges and Opportunities of Providers in Ontario



Common challenges and opportunities



Funding

- Respondents noted that access to sufficient and stable funding would enhance their ability to provide needed services to children and youth with special needs in a timely manner.



Services delivered in schools

- Respondents noted that an enhanced understanding of the clinical services delivered in schools, more resources and space to deliver these services, improved transitions to school-based services, shorter waitlists, and small caseload sizes would improve client experience. Respondents expressed interest in delivering services directly in schools, rather than referring to other organizations.



Access to services for families

- Respondents indicated that their clients would be better able to access services with greater government funding and enhanced coverage through private insurance and OHIP.



Education and advancement

- Respondents identified wanting more opportunities to advance in their careers and increase their compensation, especially as they acquired advanced credentials. They also noted that greater job stability would improve staff retention within the field.



Pay and benefits

- Respondents indicated that their compensation (including benefits and pensions) should be increased to match the demands of the job, including emotional and physical costs and long hours. They would like to see discrepancies in compensation between different work settings addressed.

Key Takeaways

- 1. Supply:** Over 90% of survey respondents are actively delivering services in their primary area of practice. 90% of survey respondents are currently, or would consider, providing services remotely through teleconference and/or videoconferencing.
- 2. Distribution:** Toronto (43%) and central (40%) regions had the highest proportion of survey respondents indicating that they have 'some' or 'significant' capacity to serve more clients, followed by west (33%), north (32%) and east (32%) regions. Survey respondents in the north (38%) and west (34%) regions most frequently perceived their caseload size as 'somewhat' or 'significantly' over capacity, followed by east (30%), central (26%) and Toronto (21%) regions. Nearly half of survey respondents providing behavioural services indicated that they have 'some' or 'significant' capacity to serve more clients, followed by occupational therapy and speech and language therapy.
- 3. Demographics:** 13% of survey respondents can deliver services in French. Less than 1% of survey respondents identified as Indigenous; cultural competency training was one of the most desired training opportunities.
- 4. Provider experiences:** The most common reason survey respondents across each workforce segment considered leaving was physical, mental, emotional stress/burnout, followed by inadequate compensation and lack of career advancement.
- 5. Common challenges and opportunities:** Survey respondents commonly identified needing sufficient and stable funding, more support for in-school service delivery, regular learning and professional development opportunities and improved pay and benefits for staff to address the biggest challenges they faced providing service

Appendix



Survey respondents

Table 2a: Number/percentage of survey respondents²¹

Primary area of practice	Number of respondents	Percent of respondents	~Number of registered/ certified clinicians in the province	Percentage of total population responding
Behavioural services	897	40%		
Board Certified Behavior Analyst – Doctorate (BCBA – D)	14		30 ²²	47%
Board Certified Behavior Analyst (BCBA)	322		986 ²²	33%
Board Certified Assistant Behavior Analyst (BCaBA)	27		108 ²²	25%
Registered Behavior Technician (RBT)	39		476 ²²	8%
Psychologist/Psychological Associate (Registered)	60			
Other Regulated Professionals (e.g. Social Worker)	61			
Other Credential (e.g. Child and Youth Worker)	89			
No Designation/Credential	349			

²¹ Note that respondents may hold more than one certification.

²² BACB Certificant Data, December 2020: <https://bacb.com/services/o.php?page=101134>

Survey respondents (continued)

Table 2b: Number/percentage of survey respondents²³

Primary area of practice	Number of respondents	Percent of respondents	~Number of registered/ certified clinicians in the province	Percentage of total population responding
Occupational therapy	801	35%		
Occupational Therapist (Registered)	607		6,473 ²⁴	9%
Occupational Therapy Assistant	7			
Other Regulated Professionals (e.g. Social Worker)	3			
Other Credential (e.g. Child and Youth Worker)	25			
No Designation/Credential	181			
Speech and language therapy	571	25%		
Speech Language Pathologists (Registered)	380		3,539 ²⁵	11%
Communicative Disorders Assistant	40			
Other Regulated Professionals (e.g. Social Worker)	7			
Other Credential (e.g. Child and Youth Worker)	15			
No Designation/Credential	149			
Total	2,269	100%		

²³ Note that respondents may hold more than one certification.

²⁴ COTO Annual Report, 2020: https://www.coto.org/docs/default-source/pdfs/annual-report-college-of-occupational-therapists-of-ontario-2020.pdf?sfvrsn=c0e00aa_2

²⁵ CASLPO Annual Report, 2019: https://caslpo.com/sites/default/uploads/files/PUB_EN_CASLPO_2019_Annual_Report.pdf

Additional Methodology Details

Special Needs Workforce Survey:

- The survey used a mixed-methods approach, including both closed-ended and open-ended questions. Closed-ended responses were examined using statistical analysis, while text mining was conducted on open-ended responses.
- Unless otherwise stated as a footnote, all group differences are statistically significant at the $p < .001$ or $p < .05$ level, corresponding to less than a 5% chance of the results occurring randomly.

Text-Mining Methodology

Tools

- KNIME Analytics Platform
- MS Excel



Techniques

- Word frequencies, phrase frequencies, co-occurrences and other measures based on term weights were used to create word clouds and discover the most important and frequent words/phrases in the dataset. Larger fonts in word clouds indicate higher weight, frequency, and importance of the words.
- Topic detection/modeling was used to summarize the data into major themes.

Different roles providing behavioural services

- Survey respondents who identified providing behavioural services were asked to select a statement that best described their role:
 - By '**autonomous practitioner**', we mean: you design, deliver and/or oversee assessment and treatment (e.g. titles may vary and include Clinical Supervisor, Board Certified Behavior Analyst and Registered Psychologist).
 - By '**supervised practitioner**' we mean: you deliver interventions directly and require various degrees of ongoing clinical supervision (e.g. titles may vary and include Behaviour Technician, Instructor Therapist, ABA Therapist, Senior Therapist, Behavioural Support Clinician and Behavioural Support Worker). More experienced supervised practitioners, such as Senior Therapists, may also be clinically supervising more junior staff.
 - By '**consulting practitioner**' we mean: you provide ABA training, coaching, facilitation and other support to families, school staff, and other professionals (e.g., school board ABA professionals).
 - By '**administrative practitioner**' we mean: you work on advocacy, policy development, and/or faculty teaching and research.

Survey respondents providing physiotherapy

- As of April 2021, there were 10,264 active registered physiotherapists in Ontario.²⁶
- Of the 93 physiotherapists who responded to the survey:
 - 28% served Toronto, 28% served Central region, 20% served North Region, 19% served West Region, and 11% served East region (n=90).
 - 49% were primarily employed in a community agency, 28% in a hospital, 7% in a private clinic (self-employed), and 6% in a school board (n=90).
 - 46% were 'significantly' or 'somewhat' over capacity, 29% were 'at' capacity, and 26% had 'some' or 'significant' capacity to serve more clients (n=90).
 - 69% were 'very satisfied' or 'satisfied' with their primary employer, 19% were 'neutral', and 8% were 'very dissatisfied' or 'dissatisfied' (n=88).
 - 68 indicated that they had a professional designation, including²⁷:
 - 65 Registered Physiotherapists
 - 3 with 'Other' Designations (i.e., Registered Kinesiologist X2; Registered Dietitian)
 - 2 Physiotherapist Assistants (PTA)
 - 1 Registered Occupational Therapist
 - 1 Occupational Therapy Assistant (OTA)
 - 1 Registered Psychotherapist

²⁶ College of Physiotherapists of Ontario (2021): <https://portal.collegept.org/public-register/>; Downloaded: April 15, 2021

²⁷ Note that respondents could indicate that they hold more than one professional designation.

Survey respondents providing physiotherapy to children/youth with special needs (i.e., ASD, developmental disability)

- 91% of survey respondents indicated that they had provided or were providing physiotherapy to children/youth with ASD or a suspected diagnosis.
- 96% survey respondents indicated that they had provided or were providing physiotherapy to children/youth with a developmental disability.
- Among all survey respondents providing physiotherapy:
 - 19% felt their formal education provided them with either 'adequate' (18%) or 'excellent' (1%) preparation to provides services to children and/or adolescents (aged 2-17 years) with ASD.
 - 64% had clients receiving funding or services through the OAP (either through childhood budgets, interim one-time funding or direct services).

