

A Guide to Annual Accessibility Planning under the *Ontarians with Disabilities Act, 2001*

September 2005

This guide is provided for information purposes only, and does not constitute legal advice.

The official legal text of the *Ontarians with Disabilities Act, 2001* (ODA) is available at www.e-laws.gov.on.ca/DBLaws/Statutes/English/01o32_e.htm

If you have questions about how the legal requirements of the ODA may apply to your specific circumstances, please consult your legal adviser.

This is not a "one-size fits all" document. It is a living guide and we welcome your comments and ideas on how to make the guide better. Please send your suggestions to:

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Introduction

People with disabilities in Ontario

People with disabilities represent a significant and growing part of our population. According to Statistics Canada, about 1.5 million Ontarians have disabilities - about 13.5% of the population. It is estimated that by 2020, approximately 20% of people in Ontario will have a disability. Enhancing the ability of people with disabilities to have equal access to opportunities, live independently and contribute to the community will have positive effects on future prosperity in Ontario.¹

The *Ontarians with Disabilities Act, 2001*

The *Ontarians with Disabilities Act, 2001* (ODA), received Royal Assent on December 14, 2001. The purpose of the ODA is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province.

It establishes requirements of the Government of Ontario, municipalities, public transportation organizations, school boards, hospitals, colleges and universities, to identify, prevent and remove barriers to people with disabilities.

The Act affirms the existing legal obligations of the Government of Ontario respecting people with disabilities under the Ontario *Human Rights Code*, which retains primacy over the ODA.

Several key sections were proclaimed on February 7, 2002, including the establishment of the Minister's Accessibility Advisory Council and the Accessibility Directorate. The majority of ODA obligations were proclaimed on September 30, 2002 and December 31, 2002.

A key premise of the ODA is that improving accessibility is a shared responsibility. While the provincial government will lead by example, it challenges municipal governments and public sector organizations to match its commitment and foster change through their own action to meet the specific accessibility needs of its own policies, programs and services.

The Accessibility Directorate of Ontario of the Ministry of Community and Social Services has its own website (also known as Accessibility Ontario) at:

www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario.

Information regarding the ODA, planning guidelines, accessibility issues, and other resources are contained within this website at:

www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/planning/planning_information.htm

Frequently Asked Questions and information about the specific obligations of different organizations is posted at:
www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/questions/oda/index.htm.

The ODA requires Ontario government ministries and public sector organizations to prepare annual accessibility plans. The Accessibility Directorate of Ontario is a resource for organizations that have accessibility planning requirements.

This document has been prepared by the Directorate as a general guide for organizations that are mandated to prepare annual accessibility plans. This guide will form the basis for more customized guides that will address the specific business and fiscal planning processes of the various organizations that have accessibility planning requirements.

Introduction to the Accessibility for Ontarians with Disabilities Act, 2005

The *Accessibility for Ontarians with Disabilities Act, 2005* (AODA, 2005) became law on June 13, with Royal Assent. The Ministry of Community and Social Services is moving forward on implementation.

There will be a transition period during which government ministries and public sector organizations will continue to have legal obligations under the ODA, 2001. Obligations under the ODA continue in force until repealed. Obligated public sector organizations are required to continue preparing annual accessibility plans in accordance with the ODA, 2001.

The purpose of the AODA, 2005 is to:

- a) Develop, implement and enforce accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises by January 1, 2025; and
- b) Provide for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and various sectors of the economy in the development of the accessibility standards.

The AODA, 2005 sets out a framework to develop accessibility standards regarding access to goods, services, facilities, structures and premises, buildings, accommodations, and employment that will apply to both the public and private sectors and be progressively phased in intervals of five years or less leading to full accessibility by 2025. The Minister of Community and Social Services will establish standards development committees to develop proposed common standards that may address barriers that are common to all sectors, and may apply broadly to all persons and organizations in Ontario. The intention is to develop proposed common standards in the following areas:

- o Customer service - Refers to delivering service to the public, and could include business practices and employee training.

- Built environment - Refers to access to, from and within buildings and outdoor spaces, and could include counter heights, aisle/door widths, parking, and signs, as well as pedestrian access routes and signal systems.
- Employment - Refers to hiring and retaining employees, and could include employment practices, policies and processes.
- Information and communications - Refers to information processing and communication, and could include publications, software applications, and websites.

For more information about the AODA and the standards development process please visit the [Accessibility Ontario](#) website.

What's New for Annual Accessibility Planning

Accessibility planning efforts to date have developed a strong foundation. Annual plans will be a means to continue to build on past progress and accomplishments under the ODA, 2001, and begin to lay the foundation for the development of accessibility standards under the AODA, 2005.

To this end, public sector organizations can begin to focus on the key areas highlighted in the Purpose of the AODA, 2005: goods, services, facilities, accommodation, employment and buildings. For example, the Accessibility Directorate of Ontario has asked government Ministries to categorize the identification, removal and prevention of barriers through commitments under the four priority areas of the AODA, 2005:

- Customer Service (i.e. services to the public; could include business practices and employee training)
- Built Environment (i.e. access to, from and within buildings; could include counter heights, aisle/door widths, parking, signs, safety features such as flashing alarms)
- Employment (i.e. hiring and retention of employees)
- Communications and information (i.e. materials and tools such as publications, software applications and web sites)

Annual accessibility planning

Purpose of the annual accessibility plan

The ODA requires Ontario government ministries and key broader public sector (BPS) organizations to prepare annual accessibility plans. The intent of these accessibility planning requirements is to improve opportunities for all people, including people with disabilities. The Government of Ontario is committed to working with every sector of society to move toward a province in which no new barriers are created and existing ones are removed.

The purpose of the plan is to describe the measures that the organization has taken during the previous year, and the measures the organization will take during the coming year, to identify, remove and prevent barriers to people with disabilities.

Organizations with accessibility planning requirements

The *Ontarians with Disabilities Act, 2001* mandates that these organizations prepare annual accessibility plans:

- Ontario Government ministries ([Section 10](#))
- Municipalities ([Section 11](#))
- Public transportation organizations ([Section 14](#))
- Hospitals ([Section 15](#))
- School boards, colleges and universities ([Section 15](#))
- The Speaker of the Legislative Assembly* ([Section 28](#))

Note: * [Section 28](#) of the ODA amends the *Legislative Assembly Act*, requiring that the Legislative Assembly prepare an annual accessibility plan, and make the plan available to the public.

Content requirements for annual accessibility plans

The ODA specifies five requirements for the content of all annual accessibility plans:

1. Report on the measures the organization has taken to identify, remove and prevent barriers to people with disabilities.
2. Describe the measures in place to ensure that the organization assesses its Acts/by-laws, regulations, policies, programs, practices and services to determine their effect on accessibility for people with disabilities.
3. List the policies, programs, practices and services that the organization will review in the coming year to identify barriers to people with disabilities.
4. Describe the measures the organization intends to take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Make the accessibility plan available to the public.

Organizations have additional requirements under the ODA, and should refer to the relevant sections for a full description of their requirements.

Consultation requirements for annual accessibility plans

The ODA specifies that organizations with annual accessibility planning obligations consult with people with disabilities or with the Accessibility Directorate of Ontario in the preparation of their plans.

| The ODA's consultation requirements are as follows: | |
|--|--|
| Planning Organization | Consultation Requirement |
| Ontario Government ministries (s.10) | Accessibility Directorate of Ontario |
| Municipalities | Municipal Accessibility Advisory Committee |
| Public transportation organizations | People with Disabilities |
| Scheduled organizations(hospitals, school boards, colleges and universities) | People with Disabilities |

More information regarding the means by which organizations can consult with people with disabilities is provided on page 23 of this document. These organizations are also encouraged to contact the Accessibility Directorate of Ontario for information regarding means of consultation.

Joint accessibility plans

The ODA ([Section 17](#)) enables municipalities, school boards, community colleges, hospitals and public transportation organizations to jointly prepare one accessibility plan and form joint Accessibility Advisory Committees if they wish.

The joint planning provision in the ODA encourages co-operation between adjoining regions and organizations to reduce duplication where complementary or similar activities are taking place. This type of co-operation is consistent with the themes of Smart Growth and many partnership initiatives currently underway in our communities.

Organizations must, however, meet the planning and approval requirements which would exist if they prepared their own of accessibility plan.

In the first year of implementing the requirements under the ODA, joint accessibility plans have been undertaken by many public transportation organizations with municipalities where public transportation services are delivered by a municipality.

Specialized transit services in some communities provide non-emergency transfers to hospital settings and to medical facilities. These are situations where joint planning might be appropriate between upper and lower tier municipalities, transportation providers and area hospitals.

In other situations, less formal arrangements have taken place, where the spirit of working jointly together has been reflected in examples such as the West Parry Sound Health Centre, working with the Parry Sound Regional Disability Advisory Council to produce their first accessibility plan.

Resources

For more information on how to undertake joint plans and joint committees please view the following publications on the Accessibility Ontario website at:

www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/planning/planning_information.htm

- A Guide to Municipal Accessibility Planning
- "How To" Guide to Establishing a Municipal Accessibility Advisory Committee(AAC)

Accessibility Directorate of Ontario

The Accessibility Directorate of Ontario was established on February 7, 2002 with the proclamation of [section 20](#) of the *Ontarians with Disabilities Act, 2001* (ODA). In accordance with its legislated mandate, the Accessibility Directorate of Ontario (Directorate) provides specialized knowledge, research and support through development of policies, programs and resource materials to support the implementation of the ODA. The Directorate strategically plans for and oversees activities to support the implementation of the ODA by:

- Working with the affected Ministries to develop guidelines for accessibility policies and plans;
- Consulting with public sector organizations (e.g., municipalities, hospitals, school boards, colleges, universities, and public transportation organizations) on the preparation of accessibility plans and policies;
- Requesting and reviewing accessibility plans from organizations with accessibility planning obligations;
- Providing information, tools and resources to assist organizations in meeting their obligations under the ODA;
- Providing public education and information as well as developing education resources and facilitating best practices and information sharing to raise awareness and create a greater understanding of the need for accessibility and inclusion;
- Making recommendations to the Minister on draft regulations, after considering comments it receives from the public; and
- Supporting public and private organizations through partnership programs.

For more information on the Directorate, please visit the [Accessibility Ontario](#) website.

Minister's Accessibility Advisory Council of Ontario

The ODA called for the establishment of an Accessibility Advisory Council of Ontario.

Please note: Section 19 of the *Ontarians with Disabilities Act, 2001*, which established the Accessibility Advisory Council of Ontario, was revoked by an Order in Council, November 4, 2005.

Under the *Accessibility for Ontarians with Disabilities Act, 2005*, the Council has been replaced by the Accessibility Standards Advisory Council, which advises the minister on

the progress of the standards development committees, public information programs and other matters (see [section 31](#) of the Act for further details).

More information about the Council is available at the Accessibility Ontario website at: www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/what/about_ASAC.htm

Disability and Barriers

Definition of disability

The ODA adopts the broad definition for disability that is set out in the *Ontario Human Rights Code*. "Disability" is:

- a. any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
- b. a condition of mental impairment or a developmental disability,
- c. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. a mental disorder, or
- e. an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

Barriers

What is a barrier?

A "barrier" is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including a physical barrier, an architectural barrier, an informational or communications barrier, an attitudinal barrier, a technological barrier, a policy or a practice.²

An example of each of the different kinds of barriers is shown below:

| Barrier Type | Example |
|---------------|--|
| Physical | A door knob that cannot be operated by a person with limited upper-body mobility and strength. |
| Architectural | A hallway or door that is too narrow for a wheelchair or scooter. |
| Informational | Typefaces that are too small to be read by a person with |

An example of each of the different kinds of barriers is shown below:

| Barrier Type | Example |
|-----------------|--|
| | low-vision. |
| Communicational | A professor who talks loudly when addressing a deaf student. |
| Attitudinal | A receptionist who ignores a customer in a wheelchair. |
| Technological | A paper tray on a laser printer that requires two strong hands to open. |
| Policy/Practice | A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly. |

The effect of barriers

Discrimination against people with disabilities is widespread; in fact, the largest category of complaints to the Ontario Human Rights Commission (OHRC) in 2001-2002 was disability discrimination.³ The Ontario Human Rights Commission has developed a document entitled, *Policy and Guidelines on Disability and the Duty to Accommodate*. The document is available on the OHRC's website at: www.ohrc.on.ca/english/publications/disability-policy.shtml .

People with disabilities face unnecessary barriers almost everywhere: at home, at work, at school, in parks, in recreational facilities, in the streets, in theatres, in stores and in restaurants.

Barriers also prevent people with disabilities from going to school and to work. According to the 2001 Participation and Activity Limitations Survey only 12% of adults with disabilities in Ontario have a university degree, compared to 22% of adults without a disability; and only 42% of working age people with disabilities were employed.

Barrier-removal is the process by which disabling conditions are eliminated. When barriers pass unnoticed and are not removed, people with disabilities are prevented from participating fully, and stereotypes about what people with disabilities can and cannot do are perpetuated.

Many people with disabilities identify attitude as the major barrier they encounter. People with disabilities experience attitudinal barriers as stigma and prejudice. Attitudinal barriers, when unchallenged, serve to legitimate discrimination.

Additional resources

See [Appendix A](#) for additional information on disability, types of disability and barriers.

Benefits of Accessibility Planning

Introduction

Accessibility planning helps organizations think strategically about barrier removal and prevention. The process will enable organizations to integrate planning for accessibility into their existing corporate, strategic and other planning exercises.

Accessibility planning is an ideal way to tap new markets, attract and retain effective employees, improve service delivery, enhance customer service, and increase efficiency.

Consider these eight outcomes for organizations that integrate accessibility planning into their regular business practices:

- Your organization will draw from a larger pool of skilled employees.
- Your organization will tap new markets.
- Services, policies, procedures and practices will meet the needs of more people.
- More people will have access to your organization's buildings and facilities.
- More people will have access to your organization's information resources.
- Staff will better meet the needs of employees, visitors and customers.
- Your organization will better meet the needs of seniors.
- Your organization will better meet the needs of *all* people.

These benefits are described on the following pages.

Your organization will draw from a larger pool of skilled employees

Accessibility planning will help organizations recruit and retain more employees who have the skills to compete in the global marketplace. Studies have shown that people with disabilities are as effective in their jobs as their non-disabled colleagues.

In 1990, a Du Pont survey of employment of people with disabilities showed that employees with disabilities were equal to employees without disabilities in the areas of safety, attendance and job performance. In safety, 97% of employees with disabilities were rated average or above average. In attendance, 86% were rated average or above. In performance of job duties, 90% were rated average or above. The Royal Bank of Canada has reported similar findings.⁴

Your organization will tap new markets

Canadians with disabilities have a combined disposable income of about \$20-25 billion per year. Most live independently, eat in restaurants, enjoy parks, use libraries, go to

galleries and museums, use products and services of all kinds and influence a huge secondary market of friends, family and service providers. The market is too large for anyone to ignore.

Services, policies, procedures and practices will meet the needs of more people

Accessibility planning will help ensure that your organization's services, policies, procedures and practices meet the needs of everyone - including staff and members of the public with disabilities.

Policies, procedures and practices that prevent people with disabilities from receiving a service or from participating equally, increase frustration, cause delays, decrease efficiency, and expose organizations to the risks of human rights complaints.

To simplify technical support, the Information Technology (IT) department at a university standardized one e-mail program. The department did not have a procedure for ensuring that software is accessible to people with disabilities. After spending almost \$50,000 on licensing agreements, testing, installation and training, a first-year English student who is legally blind reported that the only way to "Send" messages using the new program was to "click" a toolbar button using a mouse. Because she could not see the mouse pointer, and there was no keyboard equivalent for clicking the "Send" button, she was unable to send messages.

In the following weeks, the IT department received almost a hundred complaints from students, faculty and staff who could not use a mouse. (There were also complaints from "power users" who prefer using the keyboard for everything.)

Finally the IT department was forced to recall the e-mail software and find another program that could be used by everybody. As a result of this costly experience, the IT department adopted procedures for verifying the accessibility of software it purchased or licensed for the university community.

More people will have access to your organization's buildings and facilities

Accessibility planning helps to improve access to buildings and other facilities.

As part of its annual accessibility planning process, an Ontario ministry hosted a staff forum on the ODA. At the forum, two employees with disabilities who worked on different floors in the same building complained that tenants store broken furniture and boxes of trash in the hallways. One employee, who uses a large electric scooter, reported that these objects prevent her from moving around the building; the other, who is blind, reported that these objects are trip hazards.

In response, senior management designated an existing alcove on each floor as a "refuse area," and established - and enforced - a policy that required staff to stow

waste in this area. The cost to implement these barrier-prevention measures was insignificant.

More people will have access to your organization's information resources

Giving and receiving information is a critical aspect to living. Accessibility planning will help ensure that all information is available to everybody.

Most organizations produce a variety of written and electronic materials. People with disabilities frequently report frustration in gaining access to public information.

Communication difficulties are associated with many disabilities, including:

- Low-vision or blindness
- Hearing loss or deafness
- Conditions that affect an individual's ability to process information, think, or study (such as a learning disability, an intellectual disability or psychiatric condition)

A public transportation agency surveyed customers who use its para-transit buses, employees with disabilities, and community disability organizations. The most frequently reported difficulty was obtaining information. This problem affected customers with visual impairments, hearing impairments and learning disabilities.

When asked to suggest ways to improve access to information, respondents said:

1. **Choose highly-legible typefaces for signs, forms and brochures.**
2. **Choose contrasting background and foreground colour combinations on signs.**
3. **Avoid extremely small fonts in printed materials.**
4. **Avoid red and green colour combinations. (These colours cannot be distinguished by many people with colour blindness.)**
5. **Use simple, clear language.**
6. **Make schedules available in large-print, word processing files and Braille.**
7. **Use proper HTML mark-up on the agency's website. This will allow customers who are blind to access the on-line bus schedule using screen reading software.**

More information about providing equal access to information can be found in *How to Make Information Accessible* which is available electronically at the Accessibility Ontario website at: www.mcass.gov.on.ca/mcass/english/how/howto_information.htm.

Technology is providing many new communication opportunities for people with disabilities. It is recommended that organizations assign responsibility to someone to keep abreast of these advances.

Staff will better meet the needs of employees, visitors and customers

Accessibility planning will increase the chance that your staff will know how to meet the needs of all employees, visitors, customers and clients. People with disabilities have a right to be treated like any other member of the community. Too often though, people interacting with people with disabilities do not know how to communicate appropriately. They may be uncomfortable when approached by a person with a disability, afraid to make contact, or uncertain of what to say.

A hospital CEO received complaints that certain doctors did not communicate effectively with patients with disabilities.

A man who uses a wheelchair wrote that a cardiologist spoke to him in "baby-talk" throughout his three-day stay. When the patient's daughter and son-in-law visited, the doctor ignored the patient entirely and addressed only the family members. Before leaving the room, the doctor patted the patient on the head and whispered to his daughter, "He is being a very good boy."

Another complaint, from a woman with a hearing aid, stated that an emergency-room physician attempted to communicate by shouting one word at a time. This doctor did not realize that it would have been more helpful to speak clearly in a normal voice; or, if the person prefers, to write instead.

Information about providing customer service for people with disabilities can be found in *Customer Service Standard for People with Disabilities, B480-02*. To purchase copies of this document, call 1-800-463-6727, or visit the Canadian Standards Association's website at www.csa.ca/.

Your organization will better meet the needs of older people

Accessibility planning will allow organizations to meet the needs of older employees, customers and clients. Although many older people do not have disabilities, almost everyone, as they age, experiences gradual declining powers of vision, hearing, mobility, strength, and mental abilities. The loss of functional abilities tends to become more obvious with advancing age. An older person may be less able to climb steps, read small print, hear high frequencies, exert himself or herself physically, or remember information. Thus, older people benefit in some of the same ways from barrier-free buildings, programs and services as do people with disabilities.

Your organization will better meet the needs of *all* people

The primary beneficiaries of barrier-removal and barrier-prevention exercises are people with disabilities. However, a positive end result of accessibility planning is that *all* people benefit. For example:

- A curb cut is a boon for parents pushing baby carriages, people with shopping carts, travelers with rolling luggage and delivery people with heavy loads.
- Printed forms with larger typefaces may be legible to somebody who has forgotten their reading glasses.
- A consistent and simple web page layout makes a website easier to use by computer novices.
- A visual fire alarm could save the lives of people who work in a noisy environment.

Eight-Step Accessibility Planning Guide

Accessibility planning overview

Organizations may wish to follow this eight-step procedure in preparing their annual accessibility plans:

1. Establish an accessibility working group.
2. Commit (or re-commit) to accessibility planning.
3. Review recent initiatives and successes in identifying, removing and preventing barriers within your organization.
4. Identify (list/categorize) barriers that may be addressed in the coming year.
5. Set priorities and develop strategies to address barrier removal and prevention.
6. Specify how and when progress is to be monitored.
7. Write, approve, endorse, submit, publish and communicate the plan.
8. Review and monitor the plan.

1. Establish an Accessibility Working Group

Appoint a Coordinator

To ensure consistency and continuity in the preparation and implementation of the annual accessibility plan, assign responsibility for its coordination and development to one person.

Coordinator qualifications

The person responsible for coordinating and developing the plan should have an understanding of:

- The organization's facilities, by-laws, legislation, policies, programs, practices and services.
- The range of access issues people with disabilities live with every day.
- The organization's annual business and capital planning cycles, to ensure that accessibility planning is incorporated into annual planning. While this is an ODA obligation for Ontario government ministries only, the integration of annual accessibility planning within your organization's regular and business planning cycles will assist your organization in ensuring that accessibility planning is conducted in a strategic manner across the organization, and within existing financial resources. This will also assist your organization in obtaining approvals for the plan at the same time as other annual planning documents.

Appoint members to the Accessibility Working Group

Appoint accessibility working group members to assist the Coordinator in the development, review, implementation and evaluation of the accessibility plan. Consider including the following individuals:

- A senior facilities or building manager.
- Representatives from key service areas within the organization(e.g. Human Resources, Communications)
- Information technology staff members, including a webmaster or web developer.
- Staff who have personal or professional knowledge of disability issues and/or barrier removal, such as human rights advisors, architects and special educators.
- Policy and program staff, where appropriate.
- Business and capital planning staff to ensure integration with annual planning.
- Staff and volunteers who have disabilities; and for colleges and universities, students who have disabilities.

In addition, invite participation from senior staff from all areas of the organization: procurement, human resources, communication and so forth. The role of these individuals is to champion the plan by ensuring that strategies for addressing barriers are given high priority, resulting in changing attitudes and actions within the organization.

An endorsement for the accessibility working group from a senior staff will facilitate its activities, and harness broad support for their work within your organization.

To prepare for developing a plan annually, the accessibility working group may wish to continue to educate itself about disability and barrier removal by, for example, screening videos; attending disability-related community events; or inviting guest speakers from local disability organizations. You can tap these resources through the Accessibility

Ontario website at:
www.mcass.gov.on.ca/mcass/english/pillars/accessibilityOntario/.

2. Commit (or re-commit) to accessibility planning

Removing and preventing barriers requires coordination with and cooperation among many parts of an organization. Therefore, it may be helpful for your organization to articulate its commitment to accessibility planning through a mission statement or corporate goal regarding barrier identification, removal and prevention.

The accessibility working group should seek the appropriate executive/council/municipal endorsement for its accessibility statement; and once endorsed, communicate it widely throughout the organization and community.

Your working group may frame its commitment to accessibility within the context of the overall goals of the organization and of the ODA. For example, the statement can be linked to key corporate objectives about the relationship of the organization to the community it serves, its commitment to principles and practices of inclusion, or its policies about services that foster community participation and integration.

Your organization may wish to include the following in its accessibility statement:

- A statement of your organization's commitment to providing access for employees, customers, clients and residents with disabilities.
- The values that underpin the relationship between people with disabilities and the organization.
- The aim or purpose of the annual accessibility plan.

During the initial year, your accessibility working group will craft its first commitment to accessibility planning, along with its first plan. In subsequent years, after having gained experience identifying, removing and preventing barriers, your organization may wish to refine its statement and recommit to its objectives.

3. Review recent initiatives and successes identifying, removing and preventing barriers

Your Organization's Previous Year Commitments

Review the objectives from the previous year and report on the progress to date in removing and preventing barriers to people with disabilities. Establish priorities for the coming year.

4. Identify (list/categorize) barriers that may be addressed in the coming year

Where to look for barriers

The ODA gives organizations the flexibility to determine which barriers it will work to remove or prevent each year. This can include accessibility problems in:

- Physical facilities
- Site planning
- Service and program delivery to staff
- Service and program delivery to the public
- Procurement policies and practices
- Interviewing, hiring, promotion and other human resource policies and practices
- Technologies
- Information and communication infrastructures
- Customer service for people with disabilities

Organizations are obliged to select at least one barrier to tackle every year. However, before choosing barriers to remove or prevent, it is recommended that organizations identify as many barriers (and potential barriers) as possible. Many barriers are simple to remove or prevent. Recognizing them, however, may require effort if employees are not accustomed to thinking in terms of barriers.

The six approaches described below will help organizations generate a list of barriers. From this list, the accessibility working group will choose the ones the organization will address in the coming year.

Approaches to barrier identification

Here are six barrier-identification approaches. Choose the ones that are most appropriate for your organization.

1. Note previously identified barriers
2. Brainstorm a list of known and suspected barriers
3. Solicit staff contributions
4. Consult the wider community
5. Conduct accessibility assessments using guides and checklists
6. Hire professionals to conduct assessments, where appropriate

1. **Note previously identified barriers**

If the working group reviewed earlier accessibility studies, complaints about access problems, or the previous year's report, it can bring forward this information.

2. **Brainstorm a list of known and suspected barriers**

Conduct a brainstorming exercise to generate a list of facilities, services, programs, policies, practices, etc. that are known to cause - or are suspected to cause - barriers to people with disabilities. This list can include barriers that:

- Are experienced by accessibility working group members who have disabilities.
- Are thought to affect other staff and/or members of the public with disabilities.
- May be introduced as the result of an upcoming relocation, renovation, program change, policy modification, software upgrade, website launch, and so on.

To stimulate ideas during a brainstorming session, refer to a list of common barriers. See [Appendix B](#). As barriers are identified, record possible means to address them.

Regard your list as provisional; it will undoubtedly grow as more data is collected.

3. **Solicit staff contributions**

Using questionnaires or other means of data-gathering, ask staff to identify access barriers. This will provide input from employees who have not disclosed a disability but who encounter barriers; and from employees *without* disabilities who experience difficulties due to poor design, or who have witnessed people with disabilities struggling because of barriers in the environment.

A municipality distributed a "barrier-identification form" to all employees. Staff were invited to report different kinds of barriers that they or others experience in the workplace:

1. **Architectural barriers. (Building design, areas adjacent to the building, shape of rooms, size of doorways, etc.)**
2. **Physical barriers. (Objects added to the environment: doors, windows, elevators, furniture, workstations, recreational facilities, playgrounds, bathroom hardware, planters, etc.)**
3. **Communication barriers. (Difficulties receiving information in person or by telephone; difficulties interacting with receptionists, security staff or other staff; difficulties receiving training.)**
4. **Information barriers. (Inadequate or incomprehensible signage; difficulties reading brochures, forms, manuals, websites, fax transmissions, equipment labels, computer screens, etc.)**
5. **Policy barriers. (Rules, regulations and protocols that prevent you from doing your job as well as possible or from serving the public; or that restrict public participation.)**

6. **Attitudinal barriers. (Staff who do not know how to communicate with people with disabilities; staff who refuse to provide service; discriminatory behaviours.)**
7. **Technological barriers. (Computers, photocopiers, fax machines, telephones, and switches; inadequate or inappropriate assistive technologies; technologies that degrade rather than enhance access for people with disabilities.)**

When using such forms, include space for staff to suggest ways to prevent, remove or minimize any barriers that they report.

4. Consult the wider community

The ODA requires that organizations with planning obligations consult with people with disabilities in preparing their plans (see page 9 of this document for a list of the specific consultation requirements that apply to each type of organization with planning obligations). If your organization provides goods and services to the public, it will be extremely helpful to solicit input from clients, customers or residents with disabilities. Listening to people outside of the organization may reveal barriers that are imperceptible to those in the organization. Who you approach depends entirely on the nature of services your organization provides. You may choose to contact:

- Customers and/or clients with disabilities
- Individuals who receive services from the organization, and/or their family members
- Visitors, e.g., contractors and professionals
- Representatives from disability organizations
- Community groups working with people with disabilities
- Parents of students who have disabilities (for school boards)
- Students with disabilities (for universities and colleges)
- Seniors groups in your community

How you gather data depends on the type of organization and its resources (e.g., staff, expertise, time and finances) for conducting the research. Suitable means to collect information include:

- Customer service suggestion box
- Telephone, voice-mail, fax, written, e-mail, or TTY submissions. (A TTY is a teletypewriter, otherwise known as TDD, telecommunication device for the deaf).
- Questionnaires, on paper and on the organization's website (assuming the website is accessible to users of assistive technologies)
- Community forums

- Focus groups
- One-on-one interviews
- Invitations to community members to attend specific meetings of the working group

If the working group organizes a public forum, plan to advertise it to reach your target audience. Ensure that the meeting is accessible by providing, as required, assistive listening devices, sign-language interpreters, real-time captioning, Braille and large-print handouts, and so on. A resource, *How to Plan an Accessible Meeting*, is available electronically at: www.mcass.gov.on.ca/mcass/english/how/howto_meeting.htm.

5. **Conduct accessibility assessments using guides and checklists**

Guides and checklists can assist in assessing your organization's premises, websites, technologies and more. Search the web for appropriate resources.

6. **Hire professionals to conduct assessments**

Your organization may choose to hire or enlist the help of experts - architects, universal design consultants, accommodation specialists, computer professionals and usability consultants - to report on accessibility problems.

For information of such professionals visit the *Directory for Accessibility* website located at: www.accessibilitydirectory.ca/.

Before working with a professional, ensure he or she is knowledgeable about barriers to people with various disabilities.

Whether or not your organization engages professionals to identify barriers, the ODA requires that organizations consult people with disabilities. Many people with disabilities are experts on the barriers that affect them.

Contracted services

During all barrier identification exercises, remember to consider contracted services. When purchasing goods and services through the procurement process your organization should have regard to accessibility of these goods and services for people with disabilities. When the service involves the public, your organization should ensure that contracted services do not create barriers for people with disabilities.

One way to achieve this is to include a standard clause in all procurement contracts that warrants that all goods and services be accessible to people with disabilities.

5. Set priorities and develop strategies to address barrier removal and prevention

Overview of the barrier selection process

In the previous step, the accessibility working group collected data on barriers in your organization. In this step, your organization chooses which barriers to address, and the means by which barriers will be removed or prevented. Consider this six-step procedure for achieving this:

- 5.1 Select barriers to address in the coming year
- 5.2 Decide how barriers will be removed or prevented
- 5.3 Specify performance criteria
- 5.4 Assign responsibility for the removal or prevention of the barrier
- 5.5 Decide on a timetable
- 5.6 Allocate resources

5.1 Select barriers for removal or prevention in the coming year

Selecting barriers

After collecting data, the accessibility working group decides which barriers to address in the coming year and specifies the means by which they will address those barriers. The ODA does not require organizations to address every barrier identified, but gives organizations the flexibility to determine the barriers they will address each year.

Some barriers can be removed or prevented at little or no cost. For example, the accessibility working group for a school board invited submissions from all staff. Two reports were received about a principal who announced staff meetings by posting notices on a bulletin board. The bulletin board was too high for a teacher who uses a wheelchair; the notices were indecipherable to a guidance counselor who is legally blind. Posting signs on the bulletin board was a barrier for both employees.

After a meeting with a working group representative, the principal and the two employees, the principal changed the procedure for publicizing meetings. Now, he notifies staff about upcoming meetings by e-mail - which is accessible to the two employees - and announces reminders over the intercom during morning exercises.

Other barriers will require significant resources to address. For example, the same study revealed that steps leading to the auditorium prevented the teacher in the wheelchair, and at least six parents, from attending assemblies, performances and graduation exercises. Because funds for architectural modifications had not been allocated that year, the working group decided to address this barrier over three years. For the first year, the working group opted to consult a building contractor about the best way and approximate cost to fix the problem.

Prioritize barriers

When selecting barriers to address, the working group should take into account the degree of inaccessibility of barriers and their level of public involvement. Facilities and services that are frequently used by the public, or that significantly impact on people with disabilities, should be given high priority. Whenever possible, the most serious barriers should be addressed first, even if it means tackling them in stages or over several years.

The accessibility working group at a university surveyed faculty and students, and learned that (1) three students who are profoundly deaf often lacked sign language interpreters during Monday morning classes, and (2) three science students with low-vision could not use the graphing software that their professors recommended. The working group determined that the students with hearing impairments were missing important lectures, while the students with low-vision were finding alternative ways to complete their assignments. Although the working group considered both problems serious, it assigned higher priority to resolving the sign language interpreter problem.

5.2 Decide how barriers will be removed or prevented

Develop strategies to remove or prevent each barrier in a cost-effective way. For each barrier, write an objective and the means by which the barrier will be prevented or removed.

The accessibility working group may require external experts - architects, barrier-free design consultants, accommodation specialists, or computer professionals - to help solve difficult or complex access issues. For information of such professionals visit the Directory for Accessibility website located at: www.accessibilitydirectory.ca/.

However, the accessibility working group should also consult the individuals who identified the barriers. Many people with disabilities are authorities on eliminating the barriers that affect them:

As the result of a client survey conducted by the access working group of an Ontario ministry, it was determined that receptionists and intake workers did not always accommodate clients with hearing impairments. To address this problem, the working group arranged to meet several deaf clients and a representative from the Canadian Hearing Society. Together, they developed five objectives:

- 1. When ministry staff contacts a client to set up an interview, all clients, without exception, will be informed of the government's policy of accommodating people with disabilities.**
- 2. Ministry staff will ask all clients whether they require accommodations when they are notified about their interview.**
- 3. Receptionists will receive training on how to communicate with people who have hearing difficulties.**
- 4. The ministry will purchase audio loops to assist people who use hearing aids to participate in interviews.**
- 5. Sign language interpreters and real-time captioning will be available on request.**

5.3 Specify performance criteria

The annual plan must outline how your organization intends to measure the extent to which barriers have been removed and prevented.

For every objective, establish a clear, verifiable performance criterion. Aim to specify an *outcome* rather than an *output*.

A municipality conducted a survey and discovered that most residents with disabilities knew little of the town's accessible recreational and sporting facilities.

The working group set an objective: "To increase awareness of our accessible facilities among residents with disabilities."

The performance criterion the working group first considered was, "We will produce a leaflet describing our accessible facilities and distribute it to residents with disabilities." Upon reflection, the working group changed the performance criterion to, "The percentage of residents with disabilities who recognize three or more accessible municipal facilities will rise from 10% to 50% by January 2005."

The former states an output that may or may not lead to the removal of the barrier. The latter specifies an outcome that indexes the success or failure of the objective.

5.4 Assign responsibility for the removal or prevention of the barrier

Assign responsibility for the removal or prevention of each barrier to a senior staff representative of the accessibility working group, or the appropriate staff member or department.

5.5 Decide on a timetable

In consultation with the appropriate responsible staff or department, develop a timeline for the removal or prevention of the barrier.

5.6 Allocate resources

Estimate the human and financial costs for removing or preventing each barrier. Funds for implementing the plan will need to be found within existing budgets. Some barriers can be removed at little or no cost by doing things differently or by careful planning in the initial stages of projects. Strategies that require significant resources will need to be incorporated into the organization's annual planning and budget cycles.

6. Specify how and when progress is to be monitored

The plan should specify how often the objectives will be reviewed, and ascertain whether barrier-removal and barrier-prevention strategies are being implemented effectively and on-time.

It is vital that the accessibility working group meet regularly during the planning year. It is recommended that your organization evaluate progress at least quarterly, and more often during the first months of the planning year.

Your organization can use both informal and formal methods for gathering data on the effectiveness of barrier-removal and prevention strategies:

Informal processes

Accessibility working group members who have links to people with disabilities and disability organizations can provide important feedback on how well strategies are working for people with disabilities.

Formal processes

The people with disabilities and disability organizations who identified barriers should be given opportunities to comment on the effectiveness of barrier removal and prevention strategies.

Your organization should inform local disability communities that an evaluation is being conducted, and that people and organizations that were not part of the original consultation are invited to provide input. Methods for collecting data include:

- Customer service suggestion box;
- Telephone, voice-mail, fax, written, e-mail, or TTY submissions. (A TTY is a teletypewriter, otherwise known as TDD, telecommunication device for the deaf);
- Questionnaires, on paper and on the organization's website (assuming the website is accessible to users of assistive technologies);
- Community forums;
- Focus groups; and
- One-on-one interviews.

7. Write, approve, endorse, submit, publish and communicate the plan

Your organization's annual accessibility plan should be clearly written. It is important that people with disabilities, and others who were part of the consultative process, have opportunities to comment on the plan before its internal approval and public release. For example, the plan should avoid passive sentences. Write short sentences and avoid jargon. Whenever possible, use short, commonly used words.

The completed plan should be approved at the most senior level (e.g., council, executive director of board, etc.) at the same time that other annual plans are approved in the business and financial planning cycle of your organization. The approved plan should be distributed widely throughout the organization. If your organization has prepared a joint plan with another organization, the plan should be approved at the most senior level of all parties involved in the joint plan.

Make sure that the plan is available - or can be made available on request - in alternative formats such as standard word processor files, ASCII files, CD-ROM, properly marked-up web pages, in Braille, or on audio cassette.

For information on accessible formats, see *How to Make Information Accessible* at: www.mcass.gov.on.ca/mcass/english/how/howto_information.htm.

8. Review and monitor the plan

The accessibility working group should ensure that the plan is reviewed and monitored regularly, in the manner decided during Step 6, above.

To ensure the success of the plan, the accessibility working group should regularly remind managers about their roles and responsibilities in implementing the plan.

Accessibility Plan Template

Introduction to the plan template

This template is one way to plan your organization's annual accessibility plan. The template will assist you in capturing information that the ODA requires for your type of organization.

Organizations should refer to the applicable sections of the ODA to ensure that their plans are complete.

- Ontario Government ministries ([Section 10](#))
- Municipalities ([Section 11](#))
- Public transportation organizations ([Section 14](#))
- Hospitals ([Section 15](#))
- School boards, colleges and universities ([Section 15](#))
- The Speaker of the Legislative Assembly* ([Section 28](#))

Note: * [Section 28](#) of the ODA amends the *Legislative Assembly Act*, requiring that the Legislative Assembly prepare an annual accessibility plan, and make the plan available to the public.

The *Ontarians with Disabilities Act, 2001* can be found at: www.e-laws.gov.on.ca/DBLaws/Statutes/English/01o32_e.htm

Aim

Give the overall aim or goal of your organization's annual accessibility plan. For example:

The aim of this report is to describe measures that **[Name of Organization]** took during **[Previous Year]**, and will take during **[Next year]** to identify, remove and prevent barriers to all Ontarians in accessing **[Type of Organization]**'s facilities and services,

including **[staff, clients, customers, students, summer students, parents, alumnae, and other members of the community, etc., as required]**.

Objectives

Develop objectives that support the aim. The objectives should be clear, achievable, and relate to the specific planning requirements for your type of organization. Refer to the relevant sections of the ODA for a full description of these requirements at:

www.e-laws.gov.on.ca/DBLaws/Statutes/English/01o32_e.htm

This report:

1. Describes the process by which **[Name of Organization]** identifies, removes, and prevents barriers to people with disabilities.
2. Reviews the progress **[Name of Organization]** has made in removing and preventing barriers that were identified last year in its facilities, policies, programs, practices and services.
3. Lists the facilities, policies, programs, practices and services that **[Name of Organization]** will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures **[Name of Organization]** will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes the ways that **[Name of Organization]** will make this accessibility plan available to the public.

Description of the organization

Briefly describe your organization. Consider including:

- What your organization does and the services it offers.
- Its mission statement.
- The number of employees and/or clients.
- The location, including branches if applicable.

The Accessibility Working Group

Describe the accessibility working group. Include:

- A description of how and when the accessibility working group was established.
- The name and position of the person who endorsed the Working Group.

- The name of the Coordinator.
- The qualifications of the Coordinator.
- The names of all Members of the accessibility working group. You may use a table like this:

Members of the Accessibility Working Group

| Working Group member | Department | Contact information |
|----------------------|-----------------|--|
| M. J. Chong | Human Resources | Phone: 555-555-5555 TTY: 555-555-5656 |
| Etc. | | |

Commitment to accessibility planning

Consider including the following in your organization's accessibility statement:

- A statement of the organization's commitment to providing access for employees and clients with disabilities.
- The values that underpin the relationship between people with disabilities and the organization.
- The type of accessibility planning commitment. Is it a corporate policy, a mission statement, or a service pledge?
- An annual review as part of the accessibility planning process.

Recent barrier-removal initiatives

Mandatory

- What your organization has done to identify barriers.
- What measures are in place to ensure new programs, services, etc. are assessed with respect to accessibility.
- What programs, practices, services, etc. your organization will review in the coming year to identify barriers.
- What your organization will do to prevent or remove the identified barriers in the coming year.

Optional

The first year the working group prepares its report, consider including:

- Barriers to people with disabilities that have been identified in the past.

- How and when these barriers were addressed.
- Formal or informal complaints about access barriers in the organization, and how these complaints were dealt with.

Year Three and beyond

Mandatory

Beginning the second year, organizations must review the barriers identified in the previous year. Include:

- A review of the barriers identified in last year's accessibility planning report.
- Progress to date in removing and preventing these barriers.

It may be useful to organize the review of last year's efforts in a table:

Summary of Barriers identified in 2004 - 2005

| Barrier | Strategy for its removal/prevention | Status |
|---------------------------------------|---|---------------------------------------|
| 3 steps to front door at 123 Main St. | <ol style="list-style-type: none"> 1. Obtain estimates for a ramp. 2. Apply for capital funding. 3. Obtain bids. 4. Construct the ramp. | RFP to be sent out by 1 October 2005. |
| Etc. | | |

Barrier-identification methodologies

Describe the methodologies the accessibility working group used to identify barriers. This data can be summarized in a table:

Methodologies for identifying barriers in 2005 - 2006

| Methodology | Description | Status |
|---------------------|--|-----------------------------------|
| Staff questionnaire | A questionnaire on physical access issues was delivered to all staff members. | 14 Dec 2005: Analyzing returns. |
| Client survey | This year's client survey contained open-ended question about access barriers to services. | 20 January 2006: Survey sent out. |
| Etc. | | |

List of barriers

Optional. List every barrier that the working group identified during its investigations, its type, and ideas on how to prevent or remove it.

Organizations are under no obligation to include all results from barrier-identification exercises in their annual reports. However, the working group may choose to include some or all of this information as a way to set future barrier removal goals for the organization.

If you include a list of barriers, you can summarize the data in a table:

All barriers identified 2005 - 2006

| Barrier | Barrier Type | Possible strategies for removal or prevention |
|---|--------------|--|
| Sink in washrooms are too low for wheelchairs | Physical | Hire a carpenter to cut kneeholes. |
| Receptionists ignored clients with disabilities | Attitude | rain staff about disability etiquette and communication. |
| Etc. | | |

Barriers to be addressed in the coming year

List the barriers your organization will address in the coming year, in priority order. For each barrier, write an objective that specifies an outcome, indicate the means by which the organization will deal with the barrier, the criterion the accessibility working group will use to measure whether the objective has been met, resources allocated for the removal or prevention of the barrier, the time line for its removal or prevention, and who/which department is responsible for implementing the objective.

Barriers that will be addressed 2005-2006

| | Barrier | Objective | How to remove/prevent | Criteria | Resources | Timing | Responsibility |
|----|---|--|--|--|--|-------------------------------------|---|
| 1. | Clients with disabilities are not being served effectively. | Staff to serve clients with disabilities more effectively, reducing public complaints. | All front line workers will take a two-hour course on communicating with people with disabilities. | Complaints about quality of service amongst clients with disabilities will drop from 15% to 5% by 2006, and positive | \$1200 (\$100/person for 12 people) from ABC Access. | Training completed by 31 Dec. 2005. | HR staff representative of accessibility working group. |

| | Barrier | Objective | How to remove/prevent | Criteria | Resources | Timing | Responsibility |
|----|---------|-----------|-----------------------|----------------------------------|-----------|--------|----------------|
| | | | | evaluation by staff in training. | | | |
| 2. | Etc. | | | | | | |

Review process

Describe how and how often the objectives will be reviewed. This may include:

- How often the accessibility working group will meet to review the report.
- How often the accessibility working group will meet to ascertain that barrier-removal and barrier-prevention strategies are implemented effectively and on-time.
- The informal processes the accessibility working group will use to monitor progress, e.g., meetings with disability organizations.
- The formal processes the accessibility working group will use to monitor progress, e.g., meetings with individuals who provided input on barriers in the organization.

Communication

Detail how the plan was prepared and how it will be disseminated. Consider including:

- How people who participated in the consultative process were given opportunities to comment on the plan.
- How the plan was approved.
- Who or what department endorsed the plan.
- How and to whom the plan will be distributed.
- Which alternative formats will be available.

Executive Summary

Finally, summarize the report in one or two pages, and place the summary at the beginning of the report. The executive summary can include a brief overview of the ODA, a statement about the organization's commitment to accessibility planning, a list of barriers identified, the most important barrier removal/prevention achievements of last year, the goals for the next year, and so on. For example:

People with disabilities represent a significant and growing part of our population. According to Statistics Canada, about 1.5 million Ontarians have disabilities - about 13.5% of the population. It is estimated that by 2020, approximately 20% of people in Ontario will have a disability.⁵

The purpose of the *Ontarians with Disabilities Act, 2001* (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. The ODA mandates that all **[Choose one: Ministries, municipalities, hospitals, universities, colleges, school boards]** prepare annual accessibility plans.

To this end, the accessibility working group of **[Name of Organization]** has prepared this report. Its aim is to describe measures that we took during **[Previous Year]**, and will take in **[Next year]** to identify, remove and prevent barriers to people with disabilities, including **[Complete as required: staff, clients, customers, students, summer students, parents, alumnae, and other members of the community, etc.]**.

The accessibility working group found that the five most significant barriers for people with disabilities are... Our goal, during the coming year, is...

Sample Annual Accessibility Plan

September 2005- August 2006 Owl Lake District School Board

30 August 2005

Submitted to

M.J.Simpson
Director of Education
Owl Lake District School Board
Owl Lake, Ontario

Submitted by

Betsy Oliver
Coordinator
Accessibility Working Group

There is an "Owl Lake" near Algonquin Provincial Park, but there is no "Owl Lake District School Board." All other names, places, institutions, and municipalities are fictitious. Any resemblances to persons living or dead are purely coincidental.

This publication is available in alternative formats

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Executive Summary

The purpose of the *Ontarians with Disabilities Act, 2001* (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, the ODA mandates that each school board prepare an annual accessibility plan.

This is the Year Three plan (2005 - 2006) prepared by the accessibility working group of the Owl Lake District School Board (OLDSB). The report describes (1) the measures/achievements of the OLDSB over the past year, and (2) the measures that the Board will take during the current school year (2005 - 2006), to identify, remove and prevent barriers to people with disabilities who use the facilities and services of the Board, including staff, day students, summer students, parents of students and other members of the community.

This year, OLDSB committed itself to the continual improvement of access to school premises, facilities, and services for students and staff with disabilities; the participation of people with disabilities in the development and review of its annual access plans; and the provision of quality services to all students, parents, and members of the community with disabilities.

The accessibility working group identified seventy-five barriers to people with disabilities. The most significant findings were that Owl Lake Secondary School is not fully wheelchair accessible, and that this will begin impacting students in 2008. Over the next several years, the Working Group recommends focusing on 18 different barriers. This year, the Working Group recommends removing and preventing five barriers.

Aim

This report describes (1) the measures that the Owl Lake District School Board (OLDSB) has taken in the past, and (2) the measures that the Board will take during the current school year (2005 - 2006), to identify, remove and prevent barriers to people with

disabilities who use the facilities and services of the Board, including staff, day students, summer students, volunteers, parents of students and other members of the community.

Objectives

This report:

1. Describes the process by which the Owl Lake District School Board (OLDSB) will identify, remove and prevent barriers to people with disabilities.
2. Reviews earlier efforts to remove and prevent barriers to people with disabilities.
3. Lists the facilities, policies, programs, practices, and services that the Board will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures the Board will take in the coming year to identify, remove and prevent barriers to people with disabilities.
5. Describes how the Board will make this accessibility plan available to the public.

Description of the Owl Lake District School Board

At the OLDSB, we believe that public education creates a dynamic environment for learning that prepares students to face a changing world as life-long learners and informed, responsible citizens. Our school district includes the rural Townships of Pike, Green Highlands, Robin and Pine Shore, as well as the towns of Robin Mines and Owl Lake.

Our Board serves almost 1,000 students at three schools with 50 employees. We have two elementary schools (Oz Creek and Robin Mines Elementary Schools) and one secondary school (Owl Lake Secondary School). Our administrative offices are housed in an annex attached to Robin Mines Elementary School.

The Accessibility Working Group

Establishment of the Accessibility Working Group

M.J. Simpson (Director of Education) in consultation with the Board of Trustees formally constituted the accessibility working group in May 2003. The Director authorized the accessibility working group to:

- Conduct research on barriers to people with disabilities in all facilities, regulations, policies, programs, practices and services offered by the Owl Lake District School Board.
- List facilities, regulations, policies, programs, practices and services that cause or may cause barriers to people with disabilities.
- Identify barriers that will be removed or prevented in the coming year.
- Describe how these barriers will be removed or prevented in the coming year.

- Prepare a report on these activities, and after its approval by the Director, make the plan available to the public.

Coordinator

The Director of Education appointed Ms. Betsy Oliver as the Coordinator of the accessibility working group.

Ms. Oliver has served as a Special Education teacher for the board for five years. She has broad knowledge of disability issues gained through her roles as co-organizer and panel moderator at the *Conference of Special Educators of Canada (CSEC)*, 1999 through 2001.

Members of the Working Group

Ms. Oliver appointed the following members to the Working Group

| Working Group member | Department | Contact Information |
|-----------------------------|------------------------|----------------------------|
| Dan Schwartz | Special Education | 555-555-5555 |
| Barbara Atwood | Facilities | 555-555-5555 |
| Sandy Sky | Human Resources | 555-555-5555 |
| Lois Ward | Information Technology | 555-555-5555 |
| Sanjay Parmahansa | Parent (architect) | 555-555-5555 |
| Helena Abrams | Parent (designer) | 555-555-5555 |

OLDSB commitment to accessibility planning

At its meeting on 10 January 2003, the Board of Trustees recommended that the Board adopt this Accessibility Planning Policy:

The Owl Lake District School Board is committed to:

- The continual improvement of access to school premises, facilities, and services for students and staff with disabilities.
- The participation of people with disabilities in the development and review of its annual access plans.
- The provision of quality services to all students, parents, and members of the community with disabilities.

The Director of Education authorized the Working Group to prepare an accessibility plan that will enable the OLDSB to meet these commitments.

Achievements from 2004 - 2005

During the last several years, there have been two informal initiatives to identify, remove and prevent barriers to people with disabilities.

Informal site audit of Owl Lake Secondary School

In May 2003, Mr. Clarke, a substitute teacher for the Owl Lake School Board, broke his leg and used a walking cast for two months. During this period, he had difficulties mounting the stairs to second floor classrooms at Owl Lake Secondary School. The Board responded by giving him as many assignments as possible in the Board's two feeder schools (both of which are housed in one-floor buildings). When Mr. Clarke taught at Owl Lake Secondary School, the Principal made efforts to assign him to classrooms on the first floor.

In July 2003, Mr. Clarke wrote the Director to alert the Board that there are two students who use wheelchairs in Robin Mines Elementary School, and one in Oz Creek Elementary School; and that the first of these students will be attending Owl Lake Secondary School in September 2008. The Director forwarded the letter to J. Cumberland, Principal of Owl Lake Secondary School.

The Principal raised this matter at a Parent-Teacher Association (PTA) meeting in September 2003. PTA secretary Mr. Parmahansa, who is a professional architect, volunteered to visit the school and investigate the situation. He conducted his research on October 1 and 2.

At the October PTA meeting, Mr. Parmahansa reported that making the second floor wheelchair accessible would require an elevator, and that the cost would be \$30,000 - \$40,000. He also noted that there would likely be additional architectural barriers for wheelchair users. (Both feeder schools were constructed in the late-1980s, and are fully wheelchair accessible; the secondary school was built in the late-1940s.)

No further action has been taken so far.

Response to a complaint about the Board website

In December 2003, Mrs. Barbara Schultz, the Board's Special Education Advisor, notified Ms. Lois Ward, the Board Computer Specialist, that a blind Grade 6 student was unable to access the Board's website. The student, who is quite computer-savvy, uses screen reading software to "translate" text on the screen to synthesized speech. The speech is played through the PC speakers. The student had previously demonstrated his ability to gather a great deal of information from the web, but was unable to find any information on the Owl Lake District School Board website.

In January 2004, Ms. Ward visited the school and witnessed the student's ability to search for information and "read" articles of interest from many websites, and his inability to make sense of the Board website.

Ms. Ward conducted a web search, and discovered a wealth of information about how to make websites accessible to people with different kinds of disabilities. So far, she has not had time to investigate the subject further. She did discover, however, that one problem with the Board's website was that images were not labeled. Ms. Ward subsequently added labels, and at this point, she reports that the student is able to navigate the site, but cannot extract useful information from it. Clearly, more needs to be done.

Barrier-identification methodologies

The Working Group used three barrier-identification methodologies:

| Methodology | Description | Status |
|---------------------------------|--|---|
| Letter to parents | The accessibility working group wrote a letter to parents of children in Board schools. The letter described the accessibility working group's mandate, and asked parents to submit their concerns about barriers in Board facilities and services and their ideas to remove them. | Letter sent 12 September 2004. Responses categorized and presented on 12 October. |
| Brainstorming exercise | The Working Group used materials from the Accessibility Directorate of Ontario to conduct a brainstorming session. | Exercise done at meeting on 19 October 2004. |
| Presentations at staff meetings | Working Group members spoke at staff meetings at all three schools. They described the mandate of the Working Group, and invited staff to voice concerns about barriers in Board facilities, services, policies, and regulations, and to suggest ways to remove them. | Three meetings were conducted in October 2004. |

Barriers identified

The Working Group identified 75 barriers. Over the next several years, the accessibility working group has decided to focus on 18 access problems. This list is divided into two groups: Systemic barriers (i.e., barriers that affect teachers, students and parents throughout the board); and barriers that are specific to Owl Lake Secondary School.

| System-wide barrier | Type | Strategy for its removal/prevention |
|---|-------------|--|
| Board website is not accessible to people who are blind. | Information | Enrol information technology staff in courses on accessible web design. Make necessary changes to website |
| Report cards are only available in print, which are not accessible to one parent with a learning disability, and two parents who are blind. | Information | Working group to discuss with learning disability specialist, and the Canadian National Institute for the Blind. |

| System-wide barrier | Type | Strategy for its removal/prevention |
|---|---------------------------------|---|
| Many forms and records are only available in print. | Information | Make all forms available on the web, on disk, or in other electronic format |
| Several teachers are nervous about the possibility of teaching students who have low-vision or who use wheelchairs. | Attitude | Offer professional development |
| Students who use wheelchairs miss field trips because buses cannot accommodate wheelchairs. | Practice | Ask local bus companies if they have accessible buses. Identify destinations that are wheelchair accessible |
| There are fourteen students with physical and sensory disabilities in the school system. Only one participates in physical education. | Attitudinal (?) Practice (?) | Working Group will investigate |
| Textbooks are sometimes difficult to procure in alternative formats. | Information, Practice | Working Group will discuss concern with Ministry |
| Sign language interpreters for three Deaf students are hard to find. | Communication | Uncertain |

| Barriers in Owl Lake Secondary School | Type | Strategy for its removal /prevention |
|--|---------------|--|
| Staircase between 1 st and 2 nd floors. | Architectural | Install elevator |
| The side door of the school is very heavy and may be difficult to open by a wheelchair user. | Physical | Install electric door? Change the door to a lighter one? |
| Potted plants in front lobby obstruct path of people who are blind. | Physical | Reorganize lobby (Done.) |
| No wheelchair accessible water fountains. | Physical | Replace water fountains |
| Washrooms: No wheelchair | Architectural | Consult architect |

| Barriers in Owl Lake Secondary School | Type | Strategy for its removal /prevention |
|---|------------------|---|
| accessible toilet stalls. | and /or physical | |
| Washrooms: Wheelchair users cannot reach sinks. | Physical | Cut knee holes in sink facings. |
| Washrooms: Faucets cannot be operated by people with upper-body mobility impairments. | Physical | Replace with lever-style faucets. |
| Fire alarm cannot be detected by people who are deaf. | Communication | Investigate visual emergency notification system. |
| Library: The aisles are wide enough for wheelchair users, but there is no space to turn around at the ends of the aisles. | Physical | Reorganize the library. |
| Library: Desk surfaces too low for wheelchair users. | Physical | Purchase height-adjustable desk. Raise existing desks on wooden blocks. |

Barriers that will be addressed 2005 - 2006

The Working Group will address five barriers during the coming year. The list is in descending order of importance. The list is in descending order of importance.

| Barrier | Objective | Means to remove/ prevent | Performance Criteria | Resources | Timing | Responsibility |
|---|---|--|---|---|---|------------------------------|
| Teachers lack knowledge about accommodating students with low-vision or who use wheelchairs | Staff and teachers will better understand how to accommodate students with sensory and mobility impairments | Half-day disability awareness workshop | All teachers will know ten new ways to accommodate students who have low-vision and who use wheelchairs | Director has earmarked \$350 for training | Sessions to be offered on Professional Development Day in May | Special Education Department |
| Students with physical and sensory disabilities do not participate | We will understand why students are not participating | Interviews with students, their parents, | Participation by students will increase to 50% by June 2007 | Staff time | Interviews: April 2006. Present results: May 2006 | Phys Ed Department |

The Working Group will address five barriers during the coming year. The list is in descending order of importance. The list is in descending order of importance.

| Barrier | Objective | Means to remove/prevent | Performance Criteria | Resources | Timing | Responsibility |
|--|--|--|---|--------------------|---------------|------------------------------|
| in physical education programs | in Phys Ed (feeder schools, only) | and teachers | | | | |
| The 2 nd floor at Owl Lake Secondary School is inaccessible | The 2 nd Floor of Owl Lake SS will be wheelchair accessible. Note: to be done over three years. | This year: Secure funding | Facilities Manager will identify sources for \$40,000 capital funding | Staff time | June 2006 | Facilities Manager |
| Washrooms in Owl Lake SS are not wheelchair accessible | Install one unisex wheelchair accessible washroom in Owl Lake SS. Note: to be done over three years. | This year: Conduct feasibility study | A proposal for a wheelchair accessible washroom will be ready | Volunteer activity | June 2006 | Sanjay Parmahansa, architect |
| Doors at Owl Lake Secondary School are not accessible | Modify the side door of the school to be fully accessible. Note: to be done over three years. | This year: Estimate cost of automatic door | Three estimates will have been obtained | Staff time | June 2006 | Facilities Manager |

Review and monitoring process

The Working Group will meet monthly to review progress. At each meeting, the Working Group will remind staff, either through personal contacts or by e-mail, about their roles in implementing the plan.

Communication of the plan

Copies of this plan are available in the Principal's Office at all schools and on the school board's website. On request, the report will be made available on computer disk, in large print, or in Braille.

Appendix A: About Disability

The disability continuum

There is no universally accepted meaning for the word "disability." Most definitions, however, can be placed on a continuum. At one end of the spectrum, disability is explained in terms of medical conditions (medical model). At the opposite end, disability is explained in terms of the social and physical contexts in which it occurs (environmental model).

Design flaw in the environment **Health problem in an individual**



The medical model focuses on deficiencies, symptoms and treatments. The World Health Organization's (WHO) 1976 ⁶ definition for disability, for example, is "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." Medical model definitions promote the idea that disability is a deviation from the norm.

Many people with disabilities are troubled by definitions that regard disability as abnormal, preferring instead to portray disability as commonplace, natural, and in fact, inevitable. As people age, they experience gradual declines in visual acuity, auditory sensitivity, range of motion, bodily strength and mental powers. Significant functional limitations affect almost half of people between the ages of 55 and 79, and over 70% of people over 80. Beyond middle age, disability *is* the norm.

The environmental model explains disability in relation to social and physical contexts. In this view, the environment, not an individual's medical condition, causes barriers to people with disabilities. For example, during an electrical blackout, a person who is completely blind can effortlessly navigate around the home, hammer nails, and, if a Braille user, read a novel. A sighted person would be unable to perform these tasks easily, if at all. In this example, the environment creates barriers to the sighted person.

The environmental model emphasizes that people with disabilities are capable human beings, and that it is barriers, not medical conditions, that are disabling. Disability results when people design a world for their way of living only, without taking into account the natural - and foreseeable - variability among human beings. In other words, barriers to people with disabilities are a consequence of design flaws in the built and human environments.

All barriers are human-made. If design problems cause barriers, then disabilities can be eliminated - or minimized - by modifying how we live, the tools we use, and our intuitions about the proper way to do things. If systemic barriers cause disabilities, the disabilities can be eliminated by modifications to policies, plans and processes. If attitudes cause barriers, then disability awareness, respect and an understanding of positive interaction with people with disabilities will remove barriers.

Specialized medical knowledge may be needed to treat diseases and symptoms, but not to address barriers. Barriers, not medical conditions, prevent people with disabilities from participating fully in life.

Types of disability and functional limitations

A person's disability may make it physically or cognitively hard to perform everyday tasks such as operating a keyboard, reading a sign, differentiating colours, distinguishing sounds, climbing stairs, grasping small items, remembering words, or doing arithmetic.

Consider the functional limitations associated with twelve different kinds of disability and the effects of these limitations on an individual's ability to perform everyday tasks:⁷

1. Physical

Physical disabilities include minor difficulties moving or coordinating a part of the body, muscle weakness, tremors and in extreme cases, paralysis in one or more parts of the body. Physical disabilities can be congenital, such as Muscular Dystrophy; or acquired, such as tendonitis.

Physical disabilities affect an individual's ability to:

- Perform manual tasks, such as hold a pen, grip and turn a key, type on a keyboard, click a mouse button, and twist a doorknob
- Control the speed of one's movements
- Coordinate one's movements
- Move rapidly
- Experience balance and orientation
- Move one's arms or legs fully, e.g., climb stairs
- Move around independently, e.g., walk any distance, easily get into or out of a car, stand for an extended period
- Reach, pull, push or manipulate objects Have strength or endurance

2. Hearing

Hearing loss include problems distinguishing certain frequencies, sounds or words, ringing in the ears and total (profound) Deafness.

A person who is Deaf, Deafened or hard-of-hearing may be unable to use a public telephone, understand speech in noisy environments, or pronounce words clearly enough to be understood by strangers.

3. Speech

Speech disability is a partial or total loss of the ability to speak. Typical voice disorders include problems with:

- Pronunciation
- Pitch and loudness

- Hoarseness or breathiness
- Stuttering or slurring

People with a speech disability may use manual or electronic communication devices. Individuals who have always been Deaf and use oral speech rather than sign language may have speech that is difficult to understand, as they may find it difficult to monitor or modulate their voice level.

4. Vision

Vision disabilities range from slightly reduced visual acuity to total blindness.

A person with reduced visual acuity may have trouble reading street signs, recognizing faces, or judging distances. They might find it difficult to manoeuvre, especially in an unfamiliar place. He or she may have a very narrow field of vision, be unable to differentiate colours, have difficulties navigating or seeing at night, or require bright lights to read. Most people who are legally blind have some vision.

5. Deaf-blind

Deaf-blindness is a combination of hearing and vision loss. It results in significant difficulties accessing information and performing activities of daily living. Deaf-blind disabilities interfere with communication, learning, orientation and mobility.

Individuals who are Deaf-blind communicate using various sign language systems, Braille, standard PCs equipped with Braille displays, telephone devices for the Deaf-blind and communication boards. They navigate with the aid of white canes, service animals, and electronic navigation devices.

People who are Deaf-blind may rely on the services of an Intervener. Interveners relay and facilitate auditory and visual information and act as sighted guides. Interveners are skilled in the communication systems used by people who are Deaf-blind, including sign language and Braille.

6. Smell

Smell disability is the inability to sense, or a hypersensitivity to, odours and smells.

A person with a smelling disability may have allergies to certain odours, scents or chemicals or may be unable to identify dangerous gases, smoke, fumes and spoiled food.

7. Taste

Taste disability limits the ability to experience the four primary taste sensations: sweetness, bitterness, saltiness and sourness.

A person with a taste disability may be unable to identify ingredients in food, spoiled food, or noxious substances.

8. Touch

Touch disability alters the ability to sense surfaces and their texture or quality, including temperature, vibration and pressure. Touching sensations may be heightened, limited, absent (numbness), or may cause pain or burning.

A person with a touch disability may be unable to detect (or be insensitive to) heat, cold or changing temperatures. Alternatively, a person with a touch disability may be hypersensitive to sound, physical vibrations, or heated surfaces or air.

9. Intellectual

An intellectual disability is results in some type of limitation the individual's intellectual or cognitive abilities. The disability may be caused by genetic factors (e.g., Downs Syndrome), exposure to environmental toxins (as in Fetal Alcohol Syndrome), brain trauma and psychiatric conditions.

A person with an intellectual disability may have difficulty with:

- Language: understanding and using spoken or written information
- Conceptual processes: understanding cause and effect
- Perception: taking in and responding to sensory information
- Memory: retrieving and recognizing information from short- or long-term memory
- Recognizing problems, problem solving and reasoning

10. Mental health

Mental health and mental illness (psychiatric disability) exist along a continuum and when one's personal balance is disturbed either repeatedly or for long periods, that person may find themselves moving closer along the continuum towards mental illness. A mental illness occurs when symptoms cause interference with daily activities and the degree of impairment may vary from mild to severe.

Mental illnesses include anxiety disorders, mood disorders, schizophrenia, personality and eating disorders. There is strong stigma attached to mental illness. This creates barriers to effective treatment and help for people who have mental illness.

Common workplace accommodations for people with a mental illness include flexible scheduling, changes in supervision, changes in training, modification of job duties and workspaces.

11. Learning

Learning disabilities are disorders that affect verbal and non-verbal information: acquisition, retention, understanding, processing, organization and use.

Learning disabilities limit one or more of the following abilities: oral language; reading comprehension and speed; spelling; the mechanics of writing; manual dexterity; math computation; organizational skills; social perception and interaction; and orientation, directions and wayfinding.

Learning disabilities are invisible, and there is great variation in the degree to which people are affected by them. People with learning disabilities have average or above-average intelligence. Diagnosis must be made by a professional specialist.

12. Other

Disabilities may result from other conditions, accidents, illnesses, and diseases, including ALS (Lou Gehrig disease), asthma, diabetes, cancer, HIV/AIDS, environmental sensitivities, seizure disorders, heart disease, stroke, and joint replacement (Note: This is not an exhaustive list).

Appendix B: Where to Look for Barriers

Where to look for barriers to people with disabilities:

The built environment

- Exterior to a building
- Interior of a building
- Parking areas
- Drop-off zones
- Hallways
- Floors
- Carpets
- Lobbies
- Reception areas
- Offices
- Cubicles
- Washrooms
- Cafeterias
- Elevators
- Escalators
- Stairs
- Stairwells
- Closets
- Storage areas
- Lighting

Physical

- Furniture
- Work stations
- Chairs
- Doors
- Door knobs
- Windows
- Planters
- Bathroom hardware
- Locks
- Security systems

Information

- Books
- Printed information
- Web-based resources
- Signage
- Bulletin boards
- Brochures
- Forms
- Manuals
- Fax transmissions
- Equipment labels
- Computer screens

Policies and practices

- Procurement and purchasing
- Job postings
- Hiring
- Interviewing
- Testing
- Meetings
- Promotion
- By-laws
- Regulations
- Rules
- Protocols
- Safety and evacuation

Technological

- Computers
- Operating systems
- Standard software
- Proprietary software
- Websites
- Keyboards
- Mice
- Printers
- Fax machines
- Telephones
- TTYs
- Photocopiers
- Appliances
- Control panels
- Switches

Recreational facilities

- Playgrounds
- Picnic areas
- Gymnasiums
- Tracks (indoors and

- Swimming pools (outdoors)
- Change rooms
- Theatres
- Auditoria - audience
- Auditoria - stage
- Playing fields
- Climbing bars
- Gymnasium equipment
- Toys

Communication

- Training
- Receptionists
- Public announcements
- Security staff

Tools

- Hand tools, manual
- Hand tools, electrical
- Machinery
- Carts and dollies

Service delivery

- In person
- By telephone
- By mail
- By e-mail
- Via the Web

Transportation

- Buses
- Trains
- Aircraft
- Water crafts (e.g., ferries)
- Cars
- Vans

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