



**THE REGIONAL MUNICIPALITY OF PEEL  
ACCESSIBILITY ADVISORY COMMITTEE**

**AGENDA**

**AAC - 2/2019**

**DATE:** Thursday, April 18, 2019

**TIME:** 1:30 PM – 3:30 PM

**LOCATION:** Council Chamber, 5<sup>th</sup> Floor  
Regional Administrative Headquarters  
10 Peel Centre Drive, Suite A  
Brampton, Ontario

**MEMBERS:** C. Belleth; C. Chafe; R. Chopra; P. Crawford-Dickinson; M. Daniel;  
P. Fortini; A. Groves; N. Husain; N. Iannicca; A. Karim; M. Mahoney;  
A. Misar; I. Sinclair

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*R. Chopra to preside.*

- 1. CALL TO ORDER**
- 2. DECLARATIONS OF CONFLICTS OF INTEREST**
- 3. APPROVAL OF AGENDA**
- 4. DELEGATIONS**
- 5. REPORTS**
  - 5.1. Food Handler Certification Training - Addressing the Accessibility Needs of Clients (For information)  
Presentation by Dr. Lawrence Loh, Associate Medical Officer of Health
  - 5.2. Annual Accessibility Status Report 2018 (For information)

For questions about this agenda, or to make arrangements for accessibility accommodations for persons attending, please contact: Veronica Montesdeoca, Accessibility Planning Specialist at (905) 791-7800, Ext. 4778 or by e-mail at [veronica.montesdeoca@peelregion.ca](mailto:veronica.montesdeoca@peelregion.ca)

Some meeting information may also be available in alternate formats, upon request. Please contact: Harjit Gill at (905) 791-7800, Ext. 4854 or by e-mail at [harjit.gill@peelregion.ca](mailto:harjit.gill@peelregion.ca)

5.3. 2019 Legislative Review of the *Accessibility for Ontarians with Disabilities Act, 2005* (For information) (Related to 6.2)

5.4. Accessibility Planning Program Update - April 18, 2019 (For information)

## 6. COMMUNICATIONS

6.1. **Raj Chopra, Committee Member**, Providing an Update on the Provincial Health Care Standards Development Committee (Oral) (**Deferred from the February 21, 2019 Region of Peel Accessibility Advisory Committee meeting**)

6.2. **Judi Lytle, Accessibility Coordinator, Capital Works Department, City of Burlington**, Email dated March 7, 2019, Regarding the Honourable David C. Only, Lieutenant Governor, 2019 Legislative Review of the *Accessibility for Ontarians with Disabilities Act, 2005* (Receipt recommended) (Related to 5.3)

6.3. **Coalition for Persons With Disabilities**, Flyer received March 20, 2019, Regarding Connections 2019 Resource Fair and Career Corner for Persons with Disabilities (Receipt recommended)

## 7. OTHER BUSINESS

## 8. NEXT MEETING

Thursday, June 20, 2019  
1:30 p.m. - 3:30 p.m.  
Council Chamber, 5th floor  
Regional Administrative Headquarters  
10 Peel Centre Dr., Suite A  
Brampton, ON

## 9. ADJOURNMENT

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**For Information**

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DATE: April 3, 2019

REPORT TITLE: **FOOD HANDLER CERTIFICATION TRAINING - ADDRESSING THE ACCESSIBILITY NEEDS OF CLIENTS**

FROM: Nancy Polsinelli, Commissioner of Health Services  
Jessica Hopkins, MD MSc CCFP FRCPC, Medical Officer of Health

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**OBJECTIVE**

To provide an update on how the Region of Peel's Food Handler Certification Training Program addresses the needs of clients.

**REPORT HIGHLIGHTS**

- The Region of Peel's Food Handler Certification Training Program teaches food handlers about safe food handling practices to prevent or reduce the risk of foodborne illness. Participation in the program is voluntary, though increasing attendance has been observed.
- This report responds to the April 19, 2018 recommendation from the AAC that staff provide a comprehensive report on the Food Handler Certification Training Program.

**DISCUSSION****1. Background**

Every board of health must provide a food handler training program to meet the requirements of the 2018 Ontario Public Health Standards. The Region of Peel's Food Handler Certification Training Program is delivered by a team of public health inspectors. The program goal is to raise awareness of safe food handling practices, assisting in the prevention and reduction of food-borne illness. Successful candidates receive a Provincial Food Handler Certification Card, valid for 5 years, that is recognized by the Ontario Ministry of Health and Long-Term Care and all public health units across Ontario.

Participation in Peel's food handler training program is voluntary. However, as of July 1, 2018, the Ontario Food Premises Regulation (O. Reg 493/17) requires that every food service premises has at least one employee or supervisor who is a certified food handler working whenever the premises is open and serving food to the public. This has resulted in an increase in clients seeking certification from various certification venues, including Peel's Food Handler Certification Training Program.

## FOOD HANDLER CERTIFICATION TRAINING - ADDRESSING THE ACCESSIBILITY NEEDS OF CLIENTS

On April 19, 2018, a report was submitted to the Accessibility Advisory Committee (AAC) which described the Food Handler Certification Training Program and some of the strategies used to address client needs. The AAC requested further information about the program and invited Public Health to provide a more detailed presentation, which is being addressed here.

### 2. Food Handler Certification Program Update Findings

Receiving Food Handler Certification is an important qualification when applying for food service jobs or to maintain employment. For close to 30 years, public health inspectors have been providing this essential training to clients. Over the years, many modifications have been made to the course and exam to promote an accessible learning environment for clients.

The accompanying presentation to this report provides an overview of the Food Handler Certification Program and outlines simple strategies used to address accessibility barriers and to ensure that clients have an equal opportunity to obtain certification. Some strategies include:

- Inquiring about accessibility and language/translation needs during course registration;
- Delivering information in creative ways to address different learning styles (e.g. use of props, closed captioned videos, icebreakers, descriptive terms, pictures and symbols);
- Providing materials in large print, different coloured paper using plain language;
- Language support provided by public health inspectors, who can read the exam to a client in their preferred language or paraphrase in English using plain language; and,
- Hosting courses or exams at alternative locations when travelling to the main Regional site is difficult.

Appendix I outlines further detail around the accessibility features of the Food Handler Certification Training Program.

The 2018 course evaluation has been updated to elicit feedback for program improvements and to identify accessibility barriers and solutions, and results are included in the accompanying presentation.

## CONCLUSION

Region of Peel – Public Health will continue to take steps to work with clients of the Food Handler Training Program to identify and proactively remove barriers within our control that impede learning and certification.



Nancy Polsinelli, Commissioner of Health Services

### 5.1-3

## FOOD HANDLER CERTIFICATION TRAINING - ADDRESSING THE ACCESSIBILITY NEEDS OF CLIENTS



Jessica Hopkins, MD MHS Sc CCFP FRCPC  
Medical Officer of Health

### Approved for Submission:



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Janice Sheehy, Acting Chief Administrative Officer

### APPENDICES

Appendix I - Accessibility features of the Food Handler Certification training program

*For further information regarding this report, please contact Louise Aubin, Acting Director, Health Protection, extension 2479, [louise.aubin@peelregion.ca](mailto:louise.aubin@peelregion.ca)*

*Authored By: Beata Hilliard, Susan Zivkovic , Health Protection*

**5.1-4**

**APPENDIX I**

**FOOD HANDLER CERTIFICATION TRAINING – ADDRESSING THE ACCESSIBILITY NEEDS OF CLIENTS**

**ACCESSIBILITY FEATURES OF THE FOOD HANDLER CERTIFICATION TRAINING PROGRAM**

<b>Barrier Identified</b>	<b>Barrier Type</b>	<b>Disability Type</b>	<b>Measures to remove barrier</b>
Difficulty hearing the instructor	Information and Communications	Sensory	<ul style="list-style-type: none"> <li>• Use of microphone and speakers</li> </ul>
Low vision and have difficulty reading the Powerpoint presentation	Information and Communications	Sensory	<ul style="list-style-type: none"> <li>• Use a larger projector screen</li> <li>• Increase font size of presentation and projection</li> <li>• Use descriptive terminology during presentation</li> <li>• Closed captioning available for videos shown in class</li> </ul>
Struggles with reading English	Information and Communications	Cognitive and/or Language Barrier	<ul style="list-style-type: none"> <li>• Adjust reading level of course manuals to grade 9 literacy level</li> <li>• Translated course manuals and exams to the 10 most frequently spoken languages in Peel</li> <li>• Use of descriptive terms, videos, pictures and symbols</li> <li>• Clear, well-organized and concise course syllabus</li> <li>• Emphasis on essential course content throughout the presentation</li> <li>• Upon request, staff can read the exam questions and answer choices aloud to clients in their preferred language</li> </ul>

5.1-5

APPENDIX I

FOOD HANDLER CERTIFICATION TRAINING – ADDRESSING THE ACCESSIBILITY NEEDS OF CLIENTS

Course manual and exam	Information and Communications	Sensory	<ul style="list-style-type: none"> <li>• Use spiral binding for manuals which is better for vision aids (e.g. magnifiers)</li> <li>• Arial pt 14 font for exam.</li> <li>• Convert documents using different font style, font size, coloured paper upon request.</li> <li>• Assistance for Scantrons</li> <li>• High contrast colour for text and background</li> </ul>
Experiences anxiety writing exams in a group or classroom setting	Systemic	Cognitive	<ul style="list-style-type: none"> <li>• A separate, quiet, room to write the exam can be arranged upon request</li> </ul>
Has learning disabilities and/or has difficulty reading and understanding the exam	Systemic	Cognitive	<ul style="list-style-type: none"> <li>• An instructor paraphrases exam questions and answers using plain language</li> </ul>
Anxiety of being in a learning/school environment or difficulty learning in lecture-style format	Attitudinal	Cognitive	<ul style="list-style-type: none"> <li>• Ice breakers</li> <li>• Encourage storytelling and sharing experiences</li> <li>• Review sample test questions verbally</li> <li>• Use of descriptive terms, videos, pictures and symbols</li> <li>• Use replica of food</li> <li>• Hands-on and tactile activities</li> </ul>
Special Needs - Accommodations	Physical	Cognitive	<ul style="list-style-type: none"> <li>• Instructor travels to an alternate accessible location that is familiar to clients (e.g. high schools) to deliver the course and/or exam</li> </ul>

# Food Handler Certification Training

## Addressing the Needs of Our Clients

Lawrence Loh, MD, MPH, CCFP, FRCPC, FACPM  
Associate Medical Officer of Health





# Agenda

- 1) Program Overview
- 2) Barriers to accessibility we have addressed
- 3) Program Success and Evaluation

# The Food Handler Certification Program Overview

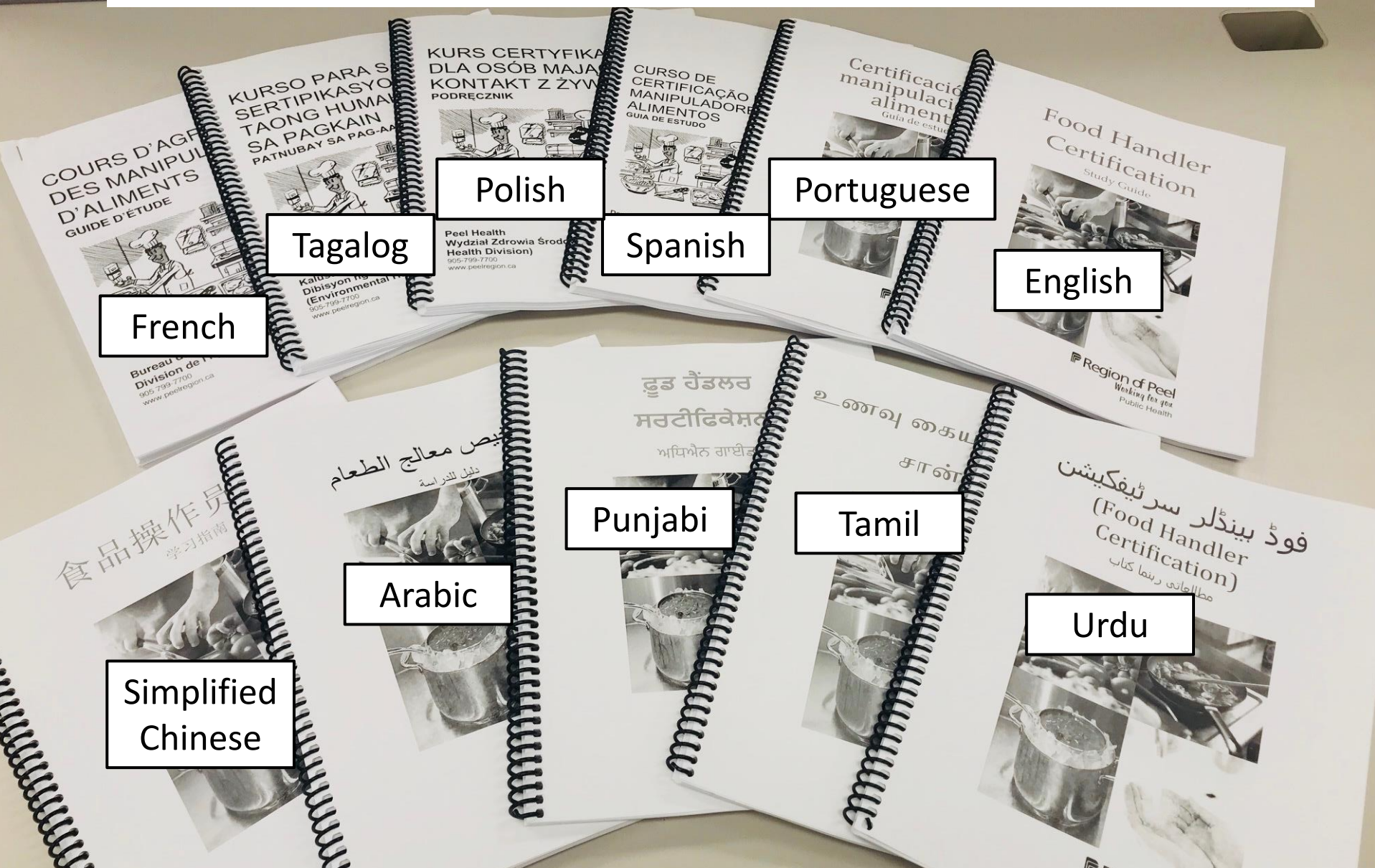
- **30** years of food safety education in Peel
- **14,007** clients attended from 2009-2018
- **1,890** clients attended in 2018
  
- Successful certification is very important to our clients

# Barriers to accessibility for Food Handler Certification

## Information and Communication

- Language / translations
- Sensory
- Cognitive

# Food handler certification manual shown in 11 languages offered



French

Tagalog

Polish

Spanish

Portuguese

English

Arabic

Punjabi

Tamil

Simplified Chinese

Urdu

The food course exam in this picture is printed in black 14 point font on white paper. Optional high contrast paper colours are shown behind the exam

## Food Handler Certification Exam A

(Version A – Revised March 2017)

To become a Certified Food Handler, 35 out of the 50 questions (70%) must be answered correctly

### Instructions

- You have an hour and a half (1 ½ hrs) to complete the exam
- There is only **one** answer per question. Please read each question carefully and select the **best** answer
- Please **do not** write in the question booklet; answer all questions on the answer sheet
- If you need help during the exam, raise your hand and an instructor will come to you
- When you are finished, raise your hand and the instructor will collect both the question booklet and answer sheet. Exams **cannot** be removed from this room
- The instructor will give you an evaluation form to complete before you leave
- If you are not provided the certificate today, it will be sent to you in the mail (please allow about 3 weeks)
- If you fail the exam we will contact you and you will have another opportunity to write the exam

# Barriers to accessibility for Food Handler Certification

## Systemic

- Learning disabilities
- Difficulty understanding material
- Cognitive/ anxiety

# Barriers to accessibility for Food Handler Certification

## Attitudinal

- Difficulty with being in a lecture type classroom setting
- Need other learning methods – physical learning exercises

# Instructor Stephanie in front of a projector slide with picture of the food safety information. She is demonstrating what is in the slide using replica foods





# Handwashing exercise that demonstrates simulated germs on their hands before handwashing



# Barriers to accessibility for Food Handler Certification

## Physical

- Travel arrangements to attend course
- Difficulty coming to pay and register

# Our Success

- Program goal: 100% of clients' requests for accommodation
- June 2018, Clients now asked about accessibility:
  - Survey completion rate: 75%
  - 5% indicated special needs which required accommodation
  - All indicated either “excellent” or “good” when asked if accommodation needs were met

**Thank you for the opportunity to share our story!**



Lawrence Loh, MD, MPH, CCFP, FRCPC, FACPM  
Associate Medical Officer of Health  
[Lawrence.Loh@peelregion.ca](mailto:Lawrence.Loh@peelregion.ca)

**For Information**

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DATE: April 8, 2019

REPORT TITLE: **ANNUAL ACCESSIBILITY STATUS REPORT 2018**

FROM: Catherine Matheson, Commissioner of Corporate Services

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## OBJECTIVE

To provide an update on the progress made and actions taken by the Region of Peel to improve accessibility, remove barriers and implement the requirements set out in the *Accessibility for Ontarians with Disabilities Act, 2005* as well as the strategies set out in the Region's 2018-2025 Multi-Year Accessibility Plan for the 2018 calendar year.

### REPORT HIGHLIGHTS

- In 2005, the Ontario government passed the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) which aims to make Ontario accessible for people with disabilities by 2025.
- As part of the AODA, the *Integrated Accessibility Standards Regulation* (IASR) sets out rules that organizations must follow.
- One of the requirements of the IASR is to implement and maintain a Multi-Year Accessibility Plan.
- The Region's new 2018-2025 Multi-Year Accessibility Plan (the Plan) was approved by Regional Council on December 14, 2017.
- The Plan was developed to align with the Region's 20 Year Strategic Plan.
- The IASR also requires an annual status report on the progress and measures taken to implement the requirements under the AODA and the strategies set out in the Plan.
- The status report outlines the actions taken to comply with the requirements for the period of January 1, 2018 to December 31, 2018, the first year of the Region's 2018-2025 Multi-Year Accessibility Plan.
- The status report also includes future actions and goals which reinforce the Region's ongoing commitment to accessibility.

## DISCUSSION

### 1. Background

In 2005, the Ontario government passed the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA), with the objective of improving accessibility for Ontarians by identifying, removing and preventing barriers faced by persons with disabilities by 2025.

A requirement under the IASR is the annual reporting of the measures taken in the Region of Peel to remove barriers and improve accessibility for persons with disabilities, as required

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under the AODA as well as provide an update on the actions taken to implement the 2018-2025 Region of Peel Multi-Year Accessibility Plan (the Plan).

On December 14, 2017, the Region of Peel's second Multi-Year Accessibility Plan was passed in accordance with the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) and the *Integrated Accessibility Standards Regulation* (IASR). As most of the IASR requirements are in force, with only the web content requirement remaining, a different approach was taken in the creation of the new multi-year accessibility plan. The Plan goes beyond legislated requirement and aligns with the Region's 20 Year Strategic Plan. Accessibility is embedded into all facets of the Region's Strategic Plan which is built around three areas of focus: Living, Thriving and Leading.

The "Accessibility Status Update for 2018" attached as Appendix I outlines the actions the Region of Peel has taken in 2018 to meet the requirements of Ontario's accessibility legislation. In addition, "Future Goals and Actions" attached as Appendix II describes future undertakings to implement the strategies contained within the Plan. The report will be posted on the Region of Peel website and made available in an accessible format, upon request.

### 2. Preparing the Annual Accessibility Status Report

In preparation for the report, each department and program area was consulted on their achievements and accomplishments undertaken during 2018 to improve accessibility and remove barriers for persons with disabilities as it relates to Regional programs, services or facilities. These include accomplishments as per AODA requirements as well as any actions that went above and beyond legislated requirements. The information received outlines accessibility strategies and initiatives as it pertains to each area of focus of the Strategic Plan: Living, Thriving and Leading, while continuing to meet the requirements under of AODA.

Living – is about improving people's lives in their time of need.

Thriving - is about building communities that are integrated, safe and complete.

Leading – is about becoming a government that is future-oriented and accountable.

Departments were also asked to provide future initiatives toward the Region's 2018-2025 Multi-Year Accessibility Plan.

### 3. Report Findings

The report demonstrates the Region's accomplishments in 2018 and indicates the Region is exceeding the requirements of the AODA in many areas. For example, incorporating audio and visual options at PAMA exhibits or using a person-centred approach to dementia care or ensuring that standards are in place. These are just some examples of innovative approaches to accessibility. The Region of Peel has proven to be accountable and forward thinking. The Create a Modernized Workplace initiative, the formation of the Office of Culture and Inclusion and the creation of policies and procedures that guide accessibility are just some examples of how the Region of Peel demonstrates care and support for its employees. The Region of Peel also ensures that employees are equipped with the resources to do their job well.

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Looking ahead, the Region will continue to take a proactive approach and explore opportunities to set minimum standards for accessibility, including incorporating an accessible by design approach where programs and services are inclusive and designed for all consumers with accessibility incorporated from the onset.

**CONCLUSION**

As required under the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA), the Region of Peel Annual Status Report 2018 outlines the actions taken to implement the requirements set out in the AODA legislation and the actions taken to comply with the requirements from January 1, 2018 to December 31, 2018. It outlines accessibility strategies and initiatives as it pertains to the three areas of focus of the Region's Strategic Plan and includes other initiatives not mandated under the AODA. It reinforces the Region of Peel's commitment to accessibility and ensures that the Region of Peel is on track in removing barriers for persons with disabilities by creating a community that is accessible and inclusive for persons of all abilities and bringing to life the vision of Community for Life.



Catherine Matheson, Commissioner of Corporate Services

**Approved for Submission:**



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J. Sheehy, Acting Chief Administrative Officer

**APPENDICES**

- Appendix I – Accessibility Status Update for 2018
- Appendix II – Future Accessibility Goals and Actions

*For further information regarding this report, please contact Juliet Jackson, Director, Office of Culture and Inclusion, ext. 6741. [juliet.jackson@peelregion.ca](mailto:juliet.jackson@peelregion.ca).*

*Authored By: Veronica Montesdeoca, Accessibility Planning Specialist*

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**Accessibility Status Update for 2018**

This annual report describes the progress and measures taken by the Regional Municipality of Peel to improve accessibility and implement the requirements set out in the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA). The report provides an update on the first year (2018) of implementation of the Region's 2018-2025 Multi-Year Accessibility Plan (Multi-Year Plan). The Region's Multi-Year Plan was developed to align with the Region's Strategic Plan, to achieve the vision of Community for Life and mission of Working with You. Accessibility is embedded into all facets of the Region's Strategic Plan which is built around three areas of focus: Living, Thriving and Leading.

The Multi-Year Plan highlights actions to comply with the AODA requirements during the first year of the Region of Peel 2018-2025 Multi-Year Accessibility Plan (January 1 to December 31, 2018). It includes initiatives that the Region has undertaken outside of the AODA requirements to make the Region of Peel more accessible and inclusive for persons of all abilities.

The following table outlines the progress in 2018 to implement the Region of Peel's 2018 -2025 Multi-Year Accessibility Plan as it relates to the three areas of focus and the work undertaken to continue to comply with the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005*.

**2018 Actions and Accomplishments:**

**Living** – Living is about improving people's lives in their time of need. This includes ensuring that the right tools, resources and supports are in place to assist when most needed. Some of the accomplishments in this area of focus that assist in improving accessibility during 2018 are as follows:

<b>LIVING</b>	
<b>Service</b>	<b>2018 Accomplishments</b>
<b>Adult Day Services</b>	<p>Adult Day Services (ADS) support the needs of seniors who still live in the community. The aim is to maintain or improve the well-being of participants, as well as delay or prevent admission to hospital and long-term care. Making these services more accessible will allow seniors to live more independently longer.</p> <p>Enhancements to this service area included:</p> <ul style="list-style-type: none"> <li>• Monthly education for clients and caregivers on managing different disabilities, raising awareness and working together to meet the clients' goals.</li> <li>• More accessible outings were planned in 2018 such as a Salt Cave Spa experience for those with respiratory and inflammatory conditions (wheelchair accessible), summer games, Blue Jays games, external dinner or lunch provided in accessible environments. Boating outings were also introduced at certain ADS sites specifically planned for persons with a physical disability. Additional personal care support staff was added to outings to support therapeutic recreational programs for those with personal care needs.</li> <li>• Variety of programs were made available for individuals with varying physical and cognitive abilities.</li> <li>• Education and support was provided on-site and off-site to</li> </ul>



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	<p>caregivers through Social Worker and Registered Nurses, including transportation as well as a respite care for loved ones.</p> <ul style="list-style-type: none"> <li>• The launching of Menu Stream which provides access to the menu and dietary information and includes the option of font adjustments on kiosks to the user's preference.</li> <li>• Trained staff to ensure assistive devices and emergency call bells are accessible to clients.</li> <li>• Addressing Communication requirements in care plans and provisions put in place to address individual and group needs.</li> <li>• Client Voice program which provides an opportunity for clients to learn about programs and services as well as contribute to the development of new programs and services.</li> <li>• Accessible Feedback and Satisfaction process put in place including: menu cards, satisfaction surveys, open door policy.</li> <li>• Offering assistive devices to encourage independence and restorative care.</li> <li>• Walkers and wheelchairs made available for use by client/caregiver.</li> <li>• Continued to provide a subsidized fee to allow more people to access the services.</li> <li>• Participated in community fairs to provide information to people on programs and services. This is an important method of communication with the community members who do not have access to internet searches/technology.</li> <li>• Assistance and accommodation provided to clients who take a narcotic (proper storage and administration of medication while at ADS) and those who use take insulin (partnering with LTC Registered Nurse to administer insulin).</li> </ul> <p><b>DementiAbility Implementation Planning</b></p> <p>The vision for DementiAbility is to create an environment where people living with dementia can achieve success and have the opportunity to live each day with meaning and purpose. DementiAbility strives to remove the focus that is too often placed on disability by replacing it with a focus on ability.</p> <p>This includes utilizing different techniques including Montessori Approaches to enable independence, a sense of community, improve self-esteem and have meaningful contributions in their community.</p> <p>Purchased wall murals in collaboration with LTC (shared cost). This encourages socialization removing barriers to meaningful activities, creates dimension in an environment that can look institutional, creates an opportunity for individuals with dementia to orient to the time of year with changing visual stimulus (murals change over the course of a year with – trees with flowers, leaves, birds, snow etc.).</p> <p>DementiAbility annual review was completed and staff attend committee meetings monthly. This is an ongoing commitment to improvement initiatives that take into account the changing needs of the community including ideas generated from clients, residents, families and</p>
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	<p>professional observation. The environment is therefore organic and ever changing to the needs of community e.g. partnership with Toronto Region Conservation Authority to create sensory gardens and additional raised garden beds spring 2019.</p>
<b>Paramedics Services</b>	<p>A Culture and Engagement Team with a focus on a psychologically safe workplace was Introduced. The Community Paramedic Program was introduced to bring healthcare to vulnerable clients who may have difficulty with access to healthcare professionals due to lack of appropriate accessible transportation. This group also connects these clients with accessible transportation options to attend appointments.</p>
<b>Child Care</b>	<p>The Region of Peel focuses on child care access and affordability. Enhancement to improve accessibility in this service area included:</p> <ul style="list-style-type: none"> <li>• Expanded the number of licensed child care spaces and EarlyON centres to increase access to these services for families in Peel, including persons with disabilities.</li> <li>• Encouraged the use of universal design in child care programs – building knowledge of child care program educators related to universal tools and aids that will support all children to be successful. Example: the use of a visual and/or visual and auditory timer to help children see and hear when time is up or the use of hand washing visuals or pictorial program schedule to help all children to see the steps of the routine.</li> <li>• Used different methods to reach out to the community for engagement purposes – through surveys, focus groups, interviews etc. – to ensure we reached a wide variety of communities, including persons with disabilities in various locations throughout Peel.</li> </ul>
<b>Long Term Care</b>	<p><b>Butterfly Project</b></p> <p>Breaking down barriers at the Region of Peel goes beyond ensuring that facilities are accessible and barrier-free. It is ensuring that programs and services respond to the evolving needs of the community to promote a sensitive, caring and inclusive environment.</p> <p>Dementia Butterfly Care Approach is currently being implemented into two of LTC centres (MV and SV) and will eventually roll out in all LTC centres. The Dementia Butterfly Care Approach is person-centered care where the heart of the care is focused on emotional needs. Combined with enhancements to clinical care processes, piloting this approach will support Peel Long Term Care to better meet the clinical, mental, emotional and social needs of residents living with challenging and complex behaviours associated with dementia. It promotes an environment of inclusivity and compassion.</p>

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<p><b>TransHelp</b></p>	<p>TransHelp is provided to residents of Peel so they can travel without barriers. Local public transit is leveraged when appropriate to provide the most suitable options for passengers. Some of the enhancements carried out in 2018 include:</p> <ul style="list-style-type: none"> <li>• Improved ability of residents to take spontaneous trips by guaranteeing same day bookings.</li> <li>• Instituted a Quality Campaign program to ensure consistent levels of service for our passengers.</li> <li>• Continued with our Passenger Survey and maintained an 88% satisfaction rate.</li> <li>• Improved the Taxi Scrip program to make it easier for residents to access.</li> <li>• Continue the Accessible Transportation Master Plan, TransHelp 10 year strategic plan.</li> </ul>
<p><b>Housing Support</b></p>	<p>The Region leads service planning and management of housing with a focus on policy and service integration in order to achieve affordable, sustainable and accessible housing stock. The aim is that individuals and households demonstrate a positive improvement as a result of housing options. Some of the enhancements made to this service area included:</p> <ul style="list-style-type: none"> <li>• Acquired two group home properties which offered an opportunity for the Region to leverage existing private stock to create housing options for vulnerable target client groups and increase access to services for persons with disabilities. This supports objectives within the Region's Supportive Housing Action Plan.</li> <li>• Housing providers were assisted with implementing accessibility standards for customer service through the Operational Review process.</li> <li>• Improvement of accessibility features were made at Grace Retirement and Community Enterprise Inc. (Grace Court) residence in common areas and inside the units through a Capital Infrastructure Subsidy (CIS) loan.</li> <li>• Upgraded/modernized elevator cab interiors to meet accessibility features through SHIP funding and CIS loans at various social housing locations.</li> <li>• The Region partnered with Main and Market Holdings to convert underutilized commercial space and amenities into six affordable housing units, one of which is barrier-free. Construction was completed in summer of 2018 and all units including the barrier-free unit are currently occupied.</li> <li>• The Region partnered with Services in Housing in the Province to convert underutilized commercial space and amenities at the Hansen Development into twenty-seven affordable housing units, four of which are barrier-free. Construction was completed in fall of 2018 and all units including the barrier-free units are currently occupied.</li> </ul>

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**Thriving** - Thriving is about building communities that are integrated, safe and complete. Some of the actions taken in this area of focus to assist in improving accessibility during 2018 included:

<b>THRIVING</b>	
<b>Service</b>	<b>2018 Accomplishments</b>
<b>Heritage, Arts and Culture</b>	<p>Peel Art Gallery Museum and Archives (PAMA) supports residents of all abilities being engaged in an understanding of Peel history and culture, and to live in cohesive communities.</p> <p>The PAMA exhibition design advanced with consistency of application of accessible design principles across all exhibitions, including large format print content. Digital and Print marketing: specific accessible formats were established, including testing tool applications.</p> <p>Three staff members attended the Inclusive Museum Leadership Symposium (Ontario Museum Association). With the AODA as a pillar in the foundation of inclusivity, the Inclusive Museum Leadership Symposium gathered leaders and influencers from institutions across Ontario to explore inclusivity and what that means in institutions and communities, and what opportunities need to be explored to be relevant to all residents. Physical design, inclusive design, and community engagement were the unifying themes. Areas explored included working with diverse audiences and persons with special needs. Speakers represented various communities, including the deaf and persons with special needs.</p> <p>PAMA Programs and exhibitions were developed and delivered in creative formats to address varying abilities and learning styles.</p> <p>Public awareness was increased about inclusivity through the following exhibitions:</p> <ul style="list-style-type: none"> <li>• <b>Creative Expressions Art Exhibition</b> (May-July), introduced visitors to the creativity and personal expression of children and adults with developmental and physical challenges;</li> <li>• <b>Beyond Sit-Stay: Dogs in Service</b> (Feb-June) featuring service and support dogs.</li> <li>• <b>Remember, Resist, Redraw: A Radical History Poster Project</b> (August – October) featuring histories of Indigenous peoples, women, workers and the oppressed that are often marginalized in mainstream historical accounts.</li> </ul>
<b>Infectious Disease Prevention</b>	<p><b>Needle Exchange Program (NEP)</b></p> <p>This program distributes Naloxone (Narcan®) kits and provides overdose prevention and response training through 2 mobile vans. Accessibility is improved as the vans go to where the client is within the community. In 2018, access to this service was improved as the hours of operation were increased and are now: 4 p.m. – 11 p.m. Monday to Saturday.</p> <p>Tuberculosis (TB) clinic screening program is conducted on site in the</p>

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	community. Health Outreach Workers visit clients with TB in their homes for education and support.
<b>Waste</b>	<p>Continued to ensure that the Waste Collection program is accessible by all Peel residents:</p> <ul style="list-style-type: none"> <li>• Organics cart locking mechanism can remain in the unlocked position to assist residents that have difficulty with fine motor skills.</li> <li>• Waste Calendars have updated icons to assist the visually impaired, so they can differentiate between their collection weeks (garbage vs. recycling).</li> <li>• All carts are designed with accessible fonts and contrasting colours for wording.</li> <li>• Lids on all carts require less than five pounds of force to operate/move.</li> </ul> <p>Walk up collection service, a specialized service for residents unable to leave their carts at the end of their driveway, continues to grow.</p>
<b>Chronic Disease Prevention</b>	<p><b>Community Clinics</b></p> <p>Portable dental equipment and dental bus is utilized to enable oral health screening and preventive services in the community to children 0–17 years of age. By directly visiting schools and local community partners, it reduces barriers to transportation and access. In 2018, we provided 4027 clients with oral health services in 2018 with the bus and portable dental equipment.</p> <p>Dental Bus:</p> <ul style="list-style-type: none"> <li>• Implemented in April 2018</li> <li>• From inception to Dec 2018, the dental bus partnered with 3 community agencies and 7 schools</li> <li>• The dental bus has 2 dental operatories and is equipped with a wheelchair lift</li> <li>• Fully winterized and able to provide services 12 months of the year</li> </ul> <p>Employment Resource Center (ERC) Clinics:</p> <ul style="list-style-type: none"> <li>• In Partnership with Ontario Works (OW) and Ontario Disability Support Program (ODSP) to support utilization of the Healthy Smiles Ontario (HSO) program</li> </ul> <p>To improve access to information for OW and ODSP families, on site clinics are hosted at 10 Peel Centre Drive and 7120 Hurontario ERC's.</p> <p>Extended Clinic Service Hours:</p> <ul style="list-style-type: none"> <li>• Walk-in clinics for Malton and Meadowvale clinics were designed to meet needs of the vulnerable communities. Children have the opportunity to have a dental screening and support to enroll into the HSO program without an appointment. Walk-in clinics are</li> </ul>

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	<p>scheduled on Peel District School Board and Dufferin Peel Catholic School Board Professional Activity days to optimize accessibility.</p> <ul style="list-style-type: none"> <li>• A new service delivery model, Total Dental Services (TDS) provides a “no wrong door policy” by providing services to every eligible client who visits the Brampton and Fairview Region of Peel dental clinics.</li> <li>• Brampton and Fairview clinics have extended operational hours to 8 pm on Tuesdays and Wednesdays respectively.</li> <li>• Dental clinic service expanded to one Saturday per month to increase accessibility on a weekend for parents who are unable to bring their child during the week day.</li> </ul> <p><b>Chronic Disease and Injury Prevention (CDIP)–Community Survey</b></p> <p>Community Development Workers completed client feedback surveys for the Region of Peel Strategic Plan. Surveys for 60 people were completed at Healthy Sexuality and Oral Health clinics to identify ways to improve public accessibility.</p> <p><b>Healthy Eating</b></p> <p>As part of a workplace pilot, the Aerocentre Food Environment Assessment Tool, asks if whether the workplaces’ eating areas are “for all body types/abilities”.</p> <p>Grown in Peel, an initiative that promotes local agriculture and connects producers with consumers in an effort to increase residents’ access to safe, healthy and affordable food, ensure that the application form captures information on the accessibility of farms/retailers.</p> <p><b>Active Living</b></p> <p>Walking Audit Program - The program is designed to evaluate how walkability and accessibility could be improved in community neighbourhoods.</p>
<p><b>Early Growth and Development</b></p>	<p>Breastfeeding pilot in Brampton included in home visits by Public Health Nurses (PHN) to ensure this service is accessible to all those that need it. Nurses also provided in-home visits for the Healthy Babies Healthy Children Program. In addition, Breastfeeding Companions Peer Support Program provided telephone support during the first 3 months postpartum.</p>
<p><b>Land Use Planning</b></p>	<p>In partnership with the local municipalities, the implementation of Regional Official Plan Amendment (ROPA) 27 began. It includes policies on age-friendly planning, and health and built environment. Accessibility considerations are inherent in age-friendly planning, and in planning for communities that are health-promoting</p>
<p><b>Roads and Transportation</b></p>	<p>In 2018, a project to develop a guideline for the design and spacing of rest areas along exterior paths of travel as per the Design of Public Spaces component of the Integrated Accessibility Standards Regulation, was initiated. These guidelines will help ensure that there are consistent standards in place when incorporating such features along exterior</p>

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	<p>paths of travel.</p> <p>Updates of the Long Range Transportation Plan was initiated. The Long Range Transportation Plan is intended to serve as the basis for transportation infrastructure programs and capital budgeting as well as the Development Charge By-law Update. The LRTP directs the implementation of programs and strategies focused on improving Peel’s transportation network for all Peel residents.</p> <p><b>Transportation Services for Long Term Care (LTC) Centres</b></p> <p>Ensuring a safe, reliable and efficient movement throughout the Region for those most vulnerable in the community, including the elderly and persons with disabilities is essential to ensuring that they have access to the services they require while maintaining a sense of independence and dignity. To this end LTC contracts are in place with transportation providers such as:</p> <ul style="list-style-type: none"> <li>• Spectrum - Dialysis Patient transfer</li> <li>• Wheelchair Accessible Transit - Social Transportation - ADS/Activation</li> </ul> <p>Centre owned transportation buses:</p> <ul style="list-style-type: none"> <li>• Peel Manor and Davis Centre - ADS/Activation Outings (wheelchair accessible)</li> </ul> <p>Resources and assistance provided:</p> <ul style="list-style-type: none"> <li>• Transhelp - staff at centres assist with application and payment arrangements as needed.</li> <li>• Staff also provide resources or information on other accessible transportation as requested.</li> </ul>
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**Leading** - Leading is about becoming a government that is future-oriented and accountable. It means setting the pace to address changes in an evolving community. Some of the accomplishments in this area of focus that improved accessibility and removed barriers included:

<b>LEADING</b>	
<b>Service</b>	<b>2018 Accomplishments</b>
Asset Management	<p><b>Built Environment</b></p> <p>The Region of Peel continues to ensure that Peel infrastructure is accessible and that all members of the public can access programs and services without encountering barriers, including ensuring that locations such as the breast feeding clinics and prenatal classes are held in accessible locations.</p> <p>Upgrades to infrastructure included:</p> <ul style="list-style-type: none"> <li>• Office entrances on the ground floor of 7120 Hurontario St. were upgrade with accessibility buttons.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Additional accessible office equipment was purchased to support staff with limited mobility and office space was reconfigured to ensure staff with limited mobility have easier access to the elevators and washroom.</li> <li>• Two extra wide chairs available at every pre-natal site.</li> <li>• Improved signage, including enhancements to the signage at Ontario Works. New brail signage was installed in common areas at 150 Central Park Drive dental clinic.</li> <li>• Light test completed at both locations and lighting enhancements were made at 7120.</li> <li>• Cheque pick up window at 10 Peel Centre Dr. was relocated to the first floor to allow easier access by clients and included appropriate height adjustment counters to make it more accessible for residents with mobility devices.</li> <li>• Gathered direct feedback from both staff and clients on the accessibility, comfort and usability of the new workstation design. Also gathered light and noise level baseline readings to understand the impact that future designs might have.</li> <li>• Installation of ergonomically adjustable dining room tables in Adult Day Service Centres.</li> <li>• Montessori wall signs in Long Term Care Centres to make the space easier to navigate.</li> <li>• Partnered with Long Term Care centres to borrow lift equipment to accommodate residents with varying needs.</li> <li>• A bariatric transfer wheelchair and slings in four sizes were purchased to accommodate a range of needs in Adult Day Service centres. Assistive dining room chairs were purchased for greater access to dining for varying and promote a more inclusive environment.</li> <li>• Collaborated with licensed child care and EarlyON service providers to reconfigure and renovate spaces using an accessibility lens – accessible parking, first floor access for ease of families with strollers/small children, technology upgrades, etc.</li> </ul> <p>The Streetsville Paramedic Reporting Station was designed to incorporate:</p> <ul style="list-style-type: none"> <li>• Gender neutral washrooms for staff and visitors</li> <li>• A gender-neutral locker room and shower facilities for staff</li> <li>• Adult change station area in washrooms</li> <li>• Wheelchair accessible sinks in all washrooms</li> <li>• Wheelchair accessible alcoves in all desks, counters and millwork</li> <li>• Outside a barrier free path of travel from parking to main building complete with: <ul style="list-style-type: none"> <li>○ Painted lines identifying path</li> <li>○ depressed curbs at paved walkways</li> <li>○ tactile surface indicators at curbs</li> </ul> </li> <li>• Automatic sliding doors at entrance with motion sensors</li> </ul> <p>The Seniors Health and Wellness Village (SHW) at Peel Manor Project</p>
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	<p>design (in progress):</p> <ul style="list-style-type: none"> <li>• Accessibility friendly design – Incorporated the Accessibility for Ontarians with Disability Act (AODA) requirements based on the current and future needs of persons with disability.</li> <li>• Accessibility Advisory Committee (AAC) has been consulted on the new design. Presented twice and the design is being endorsed by AAC.</li> <li>• Urban Design Brief review completed.</li> <li>• Hub space, staff areas, residents’ sinks (with sloping offset drains, lifts (ceiling lifts will be installed) will be based on accessibility standards.</li> <li>• MOHLTC design guideline– review and approval of design.</li> </ul> <p>Current Design Accomplishments for LTC Centres:</p> <ul style="list-style-type: none"> <li>• Front entrances and courtyards are fully accessible and include sliding doors and widened doorways.</li> <li>• Hallways are wide and free of clutter for easy manoeuvring of wheelchairs and mobility devices.</li> <li>• Raised flower or vegetable planters for easier access.</li> <li>• Low and high key pads at the entrances</li> <li>• Large menu streaming screen with adjustable height.</li> <li>• Gate access – exterior, not padlocked; electronic access control complete with life safety interface.</li> <li>• Adjustable tables for dining rooms for residents.</li> <li>• Biometrics key pads, finger print to open medical rooms for safety of residents.</li> </ul> <p>Peel Art Gallery Museum and Archives (PAMA):</p> <ul style="list-style-type: none"> <li>• Improvements to crosswalks and curbs were made at the Peel Art Gallery Museum and Archives (PAMA) accessible parking lot to address visual barriers.</li> <li>• Visual barriers at the pillars in PAMA Studio 1 were addressed by colourful decal applications.</li> </ul>
<p><b>Information and Technology</b></p>	<p><b>Communication Formats</b></p> <p>The Region continued its efforts in ensuring that information and documents were accessible and available in alternative formats. Some of the enhancements included:</p> <ul style="list-style-type: none"> <li>• Accessibility considerations for documentation &amp; Agenda Management system, including addressing accessibility gaps such as the addition of alternative text in images.</li> <li>• New Report Writing Guidelines to include information on accessible formats for presentations.</li> <li>• eLearning and educational topics have printed resources available for visually impaired staff and modules are narrated.</li> <li>• Increased font size on printed materials, including accessibility</li> </ul>

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	<p>newsletter increased font to minimum 14pt</p> <ul style="list-style-type: none"> <li>• Information is made available in various formats to meet staff or client needs.</li> <li>• Trained staff to communicate, interact and provide information as it relates to persons with disabilities.</li> <li>• Daily Adult Day Service Program boards includes pictures</li> <li>• Rebranding of all Family Health print materials to ensure that they are AODA compliant.</li> <li>• ASL translation available for any client who requires it at any location through any communication medium.</li> <li>• On-line instructional videos for in-home breast feeding support have an option for closed captioning and e-learning pre-natal education videos' content can be completed at own pace, with no time limit.</li> <li>• Text messaging was used for communicating with hearing impaired clients.</li> <li>• Tip sheets were made available for staff who work with ASL interpreters and CNIB resources are used to increase accessibility.</li> <li>• Hearing impaired clients have the option of communicating through text message.</li> <li>• Facebook posts with no jargon.</li> <li>• Different format for meetings are offered – in person, teleconference, video conference, etc. with sit/stand and adjustable desk.</li> </ul> <p><b>Accessible Website and Web Content</b></p> <p>The Region of Peel continued its work on updating the website and ensuring that the site meets Web Content Accessibility Guidelines (WCAG) Level AA standard by the January 21, 2021 timeline. Over 40% of the pages on the website are compliant as well as all new content placed on the site. As part of the content review and migration process, pages are being evaluated to ensure that information is relevant and easily consumed by members of the public.</p> <p>Web based education was provided for caregivers in the adult day service program which can be easily accessed from any location.</p> <p><b>Technology Enhancements</b></p> <p>Technology was also used to improve accessibility at the Region of Peel. Some examples include:</p> <ul style="list-style-type: none"> <li>• MCT Call out tool implemented in Adult Day Service centres to provide information in alternative formats.</li> <li>• The use of iPads in Adult Day Services for easier communication and quick language translation.</li> <li>• The Built Environment and Health Unit developed an online tool that maps healthy development across the Region, accessibility was taken into consideration and changes were made to the tool</li> </ul>
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	<p>following an accessibility review</p> <ul style="list-style-type: none"> <li>• Alternative service models and methods to conduct appointments were explored. This included equipping staff with the tools required to attend and complete appointments where it is more convenient for the residents. Loner-Duo for home visits was implemented which assists in the scanning of Ontario Works client files so they are available for Caseworkers electronically.</li> <li>• Long Term Care Centres incorporated a Point Click Care/Point of Care/electronic Medication Administration Record and other technology; available in accessible format based on individual needs.</li> <li>• The Council Chamber technology upgrade improved internal and external stakeholder experience with respect to service access and service outcomes. It correlated with the Create a Modernized Workplace Term of Council Priority that seeks to implement tools and technology to improve productivity and accessibility. Upgrades consisted of enhancements to the projector display, audio and visual components, including new cameras, speakers and microphones, enhanced video streaming and system operations. Features included a fully accessible and mobile lectern, accessible microphone and voting panels, and phone/video conference capabilities.</li> </ul>
<p><b>Workforce</b></p>	<p><b>Deployment of Remote Agents</b></p> <p>There are currently 26 remote agents (home-based) at the Community Contact Centres. These agents provided continued access to services for residents where external factors, such as severe weather, etc. impacted the ability of the in-office staff to get into work (business continuity). Agents were able to provide immediate coverage during the afterhours period where unexpected events created significant wait times for residents.</p> <p>New phone system replaced varied phone announcements with one consistent, clear voice. Estimated wait time and position in queue was added to all CCC phone lines.</p> <p><b>Modernized Workplace</b></p> <p>The Region has begun upgrades to Create a Modernized Workplace Term of Council Priority.</p> <p>Workspace Design Standards were created in consultation with the Region’s Accessibility Advisory Committee to ensure that the needs of persons with disabilities were considered. Upgrades include sit-stand workstations to support employees in improving physical, metabolic and even mental health, flexible work options and technology upgrades.</p> <p><b>Training</b></p> <p>In addition to the training requirement under the AODA, staff received the Accessibility Ontario: Accessibility Compliance 101 (Webinar Series)</p>

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	<p>Webinar #1- AODA Overview, the Customer Service Standard, and new legislative developments.</p> <p>Webinar #2 - General requirements and the Information and Communications Standard.</p> <p>Webinar #3 - Employment Standard and Design of Public Spaces Standard.</p> <p>Meetings are held throughout the year on the focus on how each department can become more forward thinking, accessible and efficient.</p> <p>New process and procedures were implemented for the release of records under the <i>Municipal Freedom of Information and Protection of Privacy Act</i> (MFIPPA) which included the use of tempo box to make documents more easily accessible for recipients.</p> <p>Staff in Adult Day Services attended multi-sensory training at Mohawk College to implement a multi-sensory approach for clients with dementia or dual diagnosis providing a therapeutic and supportive environment for this population.</p> <p>Palliative Care training was also provided which assisted in implementing access to services in the Adult Day Services in collaboration with Home and Community Care (HCC) utilizing Coordinated Care Plans.</p> <p><b>Culture and Inclusion</b></p> <p>The Office of Culture and Inclusion provides dedicated leadership for the Region of Peel Culture Strategy and oversees the Accessibility Planning Program to ensure that Regional programs, services and facilities are accessible, barrier-free and inclusive for persons of all abilities. The Office also ensures that all requirements under the AODA continue to be met.</p> <p>To further promote awareness on topics relating to diversity, inclusion and accessibility, the Office introduced various speaker series. All events included the use of sign language interpreters, were live streamed and held at different Regional locations to provide access to participation by all staff. A video of the events, which include closed captioning, are also made available.</p>
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### Future Accessibility Goals and Actions

The following is a list of future goals and actions that the Region of Peel plans to undertake as it pertains to each area of focus to ensure that programs, services and facilities continue to meet the needs of our community.

#### Living

Living is about improving people's lives in their time of need. This includes ensuring that the right tools, resources and supports are in place to assist when most needed. Some of the future initiatives in this area of focus include:

- Adult Day Services (ADS):
  - Manage centralized waitlist to improve accessibility to services within the Region of Peel
  - Incorporate accessibility and barrier identification in care planning.
  - Implementing health equity to reduce barriers due to Social Determinants of Health, culture, ethnicity, race etc.
  - Provide referrals to education activities for caregivers and volunteers (i.e. online Dementia training through Alzheimer's Society) – in progress.
  - Develop more programs for clients who are visually impaired.
  - DementiAbility Planning: Annual plan approved and will be implemented in 2019.
  - Enhance programs to provide opportunities to access sporting events utilizing wheelchair designated spaces.
  - Meet with the Client Voice (client based advocacy committee for clients) and Resident Council representatives to develop programs that meet the needs of all clients and residents onsite and offsite, including those with disabilities.
- Davis Centre to partner with Toronto and Region Conservation Authority (TRCA) to develop a plan for programs and services with ADS and LTC for sustainable gardening, accessible gardening, landscape planning and program planning onsite and offsite.
- The new Seniors Health and Wellness Village will encapsulate features that were presented to the Accessibility Advisory Committee when it opens in 2021.
- Long Term Care (LTC):
  - Integration of Service and Guide dogs as required for Residents into current LTC practices. Policy will be updated accordingly.
  - Continue to consult with Residents' and Family Councils for opportunities and identify other barriers relating to accessibility.
  - Identify future demographics of stakeholders/community when building or improving LTC services or programs.
  - Continue to identify accessible diagnostic and other medical equipment (glucometers, blood pressive cuffs) with large font, easy to use and read, etc.
  - Enhance the Getting to Know Me assessment for new Residents in LTC to identify individual needs for accessibility services/resources and community programs – religious, social, education and one to one volunteer.
  - Continue integration of CARF (Commission on Accreditation of Rehabilitation Facilities) accessibility standards to promote accessibility and the removal of barriers for residents and stakeholders. Specific areas include Finance and Community Integration.
- TransHelp:
  - Develop On-line booking options for residents
  - Develop a Travel Training Program to assist residents to use conventional transit
  - Invest in cameras systems on TransHelp buses to improve safety and security
  - Partner with Brampton Transit and MiWay to implement a Magnusmode instructional travel card system.
  - Develop the ability for passengers to track their rides from a mobile device.

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### Thriving

Thriving is about building communities that are integrated, safe and complete. Some of the future goals in this area of focus include:

- Draft the 2020 – 2025 Peel Art Gallery, Museum and Archives (PAMA) Accessibility plan with key priorities and multi-year action plans integrated within the PAMA 5 year program plan.
- Establish regular, ongoing consultation with accessibility leaders and partner organizations and development of implementation plans to increase tactile and sensory interactive experiences in exhibitions and programs.
- Full implementation of Regional Official Plan Amendment (ROPA) 27, including conformity of the local Official Plans and alignment of other related Regional and municipal guidelines, tools and policies. ROPA 27 includes policies on age-friendly planning, and health and built environment. Accessibility considerations are inherent in age-friendly planning, and in planning for communities that are health-promoting.
- Community Oral Health Clinics: The dental bus and portable clinics are projected to visit 35 schools in the 2018–19 school year, reducing barriers to transportation and easier access.
- Ensure that wherever possible clients have access to all family health services. Continue to bring family health services to parents in their home with the support they require to achieve their goals.
- Transportation:
  - Develop a guideline for the design and spacing of rest areas along exterior paths of travel in consultation with the public, persons with disabilities and the Peel Accessibility Advisory Committee as per the IASR. This guideline is intended to become a part of Peel’s AODA Compliance Checklist for Regional Road Right-of-Ways which was endorsed by Peel’s Accessibility Advisory Committee in June 2018.
  - Complete the development of the Long Range Transportation Plan (LRTP), in consultation with Regional staff, local municipalities, and external stakeholders. The Long Range Transportation Plan is intended to serve as the basis for transportation infrastructure programs and capital budgeting as well as the Development Charge By-law Update. The LRTP directs the implementation of programs and strategies focused on improving Peel’s transportation network.
- Long Term Care program will continue to maintain contracts with transportation providers to meet identified stakeholders’ needs. Contracts will be revised to include new provisions when or if needs change. Information on available transportation will be provided as needed (and in different languages as requested).

### Leading

Leading is about becoming a government that is future-oriented and accountable. It means setting the pace to address changes in an evolving community. Some of the future goals in this area of focus include:

Information:

- Work towards finding continued efficiencies to make council documents more accessible and in compliance with AODA Legislation.
- PAMA: Consistently implement marketing accessible formats, testing, and other applications for continual improvement.
- Ensure accessible mediums that are AODA compliant to provide information to individuals with disabilities to easier access to Family Health services as well as Communicable Disease services.

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- Use pictograms to assist clients who have trouble word finding/aphasia or cannot speak English as well as ensuring staff are available for translation to clients who do not speak English.
- The Senior's Health and Wellness Village Project team will work with Communications to ensure all public facing materials relating to the project during construction meet accessibility standards as set out by the Region of Peel.
- Long Term Care:
  - Program will implement strategies to improve communication between stakeholders to identify accessibility needs. Information will be provided in a variety of methods to ensure information is easy to access by all stakeholders. Recommendations for design to include visual, auditory, physical, speak, cognitive and neurological disabilities assessed needs.
  - Regular evaluation of stakeholders' feedback and concerns relating to accessibility and making changes to improve communication practices as identified.
  - Emergency procedures will be posted and provided in printed documents (Resident and Family Guide, Admission package, etc.).
  - Building partnership with CNIB and utilizing services and resources (e.g. Braille information).
- Community Access communication lead will continue to research improved communication methods and will help identify preferred methods of communication.

### Technology:

- In collaboration with IT, develop and implement PAMA's Collections Management System and other technologies, which can increase digital access to archival, art and history content.
- Work towards implementing a new agenda management system that will address accessibility gaps and provide options for mobile access.
- Web chat on peelregion.ca will be implemented in 2019, allowing real-time text-based messaging with Community Contact Centre (CCC) agents.
- Oral health to continue to be part of a working group to consult on an Electronic Medical Records (EMR) system. The goal is to consolidate staff and client needs and build efficiencies in staff scheduling, client self-scheduling, paperless records and reporting capacity. The program will also be exploring the possibility of client electronic communications (texting, email), making it easier to communicate with clients of all abilities.
- Continue to build on technology to ensure that meetings are accessible to all.
- Work on updating the website to ensure that all school principals and teachers have access to the health information needed to work with their public health nurse on school health initiatives.
- Ensure any goods purchased and services provided will use accessible design to support individuals with disabilities.
- Application of AODA requirements to the Health Data Website using the Power BI platform.
- Adult Day Service clinics to provide communication boards, iPads or touchscreen computers to person with impaired speech.
- Review and update of the Region's Healthy Development Assessment tool, which will include a review related to accessibility.
- Community Access will work with the Ministry to increase self-serve options for residents to perform tasks themselves through the use technology. A new scheduling software that will improve residents' accessibility to appointments, workshops etc. will be implemented. Accessibility improvements will be made to the primary staff technology in Ontario Works (SAMS) - May 2019, introduce a high contrast colour scheme, larger fonts and more space between items. Explore increasing direct client services out of a Caledon community hub.

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### Asset Management:

- The Mayfield Seniors Project started construction in 2018. This project incorporates the Region's accessibility design guidelines with a mix of fully barrier free units with the remaining units incorporating universal design principles including grab bars in all washrooms and bathing areas. This project will also have a fully accessible exterior court yard that provides private and secure space for the residents. The building is expected to be ready for occupancy in 2019.
- During 2018, design work was finalized on the Daniels project including the incorporation of several new accessibility features: Four units will showcase a Daniels branded Accessibility Design Program; a fully accessible outdoor amenity space on the fifth floor that will also provide accessible garden plots for vegetables and plants. The adjacent indoor children's space and fitness area are also fully accessible. The building's main entry lobby will incorporate built-in seating space that will also accommodate various accessibility and mobility needs. The Region's Accessibility Advisory Committee provided comments and advice on design elements in the spring of 2018. The project is scheduled for completion in the spring/summer of 2020.
- In 2019 PAMA will conduct a facility audit in collaboration with ROP Accessibility Advisory Committee (AAC).
- Continued incorporation of accessibility improvements in PAMA Capital project planning.
- As part of Supportive Environments for Healthy Living, explore potential opportunity with the City of Mississauga to develop an Age Friendly Pop-Up Coffee Shop at the Frank McKechnie Community Centre.
- Communicable Diseases new multi-service clinic will be accessible and comply with AODA and Integrated Accessibility Standards Regulations, similar to other previously designed multi-service clinics.
- Adult Day Services:
  - Create a multi-sensory environment, repurpose the multi-sensory cart and purchase new equipment
  - Redesign current and future ADS space to be more accessible to people who are visually impaired and for people living with dementia. Use contrasting wall colours for definition and use Butterfly Care model ideas.
  - Assess current spaces to explore renovating and redesign space at Adult Day Service clinics to remove barriers to care for bariatric clients e.g. Tall Pines and Malton Village bathroom renovations for additional toilets and/or bathing areas.
  - Installation of call bells in quiet rooms of Adult Day Service clinics.
  - Purchase meal service cart to reduce the footprint in the program area and create greater accessibility to all clients and residents.
  - Purchase space saving tables to facilitate greater use of spaces for clients and residents.
  - Installation of an accessibility button at the patio door for easier access at Tall Pines Adult Day Service.
  - Automated wheelchair accessible door to be implemented early 2019 at the Davis Centre.
- Ongoing evaluations of the five LTC Centres - structure and services. For example ramps and slopes – improvements ongoing. Curb depressions to be completed on entrances and exits in LTC Centres which is included in the 2019 ten-year capital plans.
- The Early Years and Child Care Services (EYCCS) section will ensure that locations serving families with young children are offered in spaces which are fully accessible to enable inclusion of all families who wish to participate.



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Workforce:

- Continued research to identify best practices and incorporate into PAMA training, staff development plans, and program outcomes.
- Access Peel will continue to train and support staff to be aware of accessibility issues.
- Continuous improvement to identify and implement various customer facing accessibility options to promote full service access for residents.
- Offer language classes to staff in Adult Day Service program and continue to train staff in dementia care.
- Paramedics to review workplace accommodation process and policies related to ill and injured employees.
- Strategic Policy and Performance will continue to apply accessibility lens as work processes evolve. Ensure application of accessibility lens in the development and implementation of key projects and in hiring practices. Ensuring an accessibility lens is being applied, e.g. LTC Business Centralization Project; Peel Paramedic 10-year Capital Planning Project and Service Planning exercise.
- Community Access will partner with RPAM to ensure modernization of physical design and desk-side space meets the accessibility requirements. Future design considerations to include feedback and improvements identified during User Experience Testing.

**For Information**

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DATE: April 10, 2019

REPORT TITLE: **2019 LEGISLATIVE REVIEW OF THE ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005**

FROM: Catherine Matheson, Commissioner of Corporate Services

---

**OBJECTIVE**

To provide an update on the third legislative review of the *Accessibility for Ontarians with Disabilities Act, 2005* and its recommendations to the Province.

**REPORT HIGHLIGHTS**

- As per Ontario's accessibility laws, an independent review of the *Accessibility for Ontarians with Disabilities Act, 2005* (the *Act*) is required on a regular basis.
- In 2017, former Lieutenant Governor, The Honourable David C. Onley was appointed to conduct the 3<sup>rd</sup> review the *Act* and hold public consultations.
- The review is complete and a report with the findings and recommendations to the provincial government has been made available to the public.
- This report summaries those recommendations and identifies potential impacts to the Region of Peel.

**DISCUSSION**

**a) Background**

In accordance with Ontario's accessibility laws, a review of the implementation of the *Accessibility for Ontarians with Disabilities Act, 2005* (the *Act*), must be undertaken every three years. A reviewer is appointed by the Ontario Government to assess the effectiveness of the *Act*. Part of the review includes holding public consultations, specifically with persons with disabilities. This is the third review of its kind. In June 2009, the first review was undertaken by Charles Beer followed by the second review, conducted by Mayo Moran in 2013.

In December 2017, The Honourable David C. Onley, former Lieutenant Governor and a person with a disability, was tasked with conducting the third review of the *Act*. Public consultations were held across the Province in 2018. Consultations included town hall meetings, roundtables with key organizations, interviews with public and private sector organizations, feedback through online submissions as well as meeting with chairs of the Standards Development Committees, Accessibility Standards Advisory Council, government officials and post-secondary institutions.

## 2019 LEGISLATIVE REVIEW OF THE AODA

**b) Report Findings and Summary of Recommendations**

David Onley acknowledged the advancements that have been made since the inception of the Act in 2005. There is growing commitment and support to accessibility and accessibility of public spaces. However, he points out there is still much work to be done. Contributors to the public consultation expressed growing frustration with the pace of change. They indicated that 2025 was the year promised for a fully accessible Ontario. They questioned if that goal would be met. David Onley identified built environment barriers as one of the more pressing issues. He cited other issues such as: the lack of enforcement; standards related to information and technology are out of date; and, accessibility rules are slow to be developed and implemented. Additional concerns included the lack of clarity of the terms accessibility and full accessibility. He also suggested updating the definition of disability from the current medical focus to a social model that places emphasis on environmental barriers.

The following is a summary of the recommendations proposed by David Onley and potential implications to the Region of Peel.

**Recommendations Proposed by David Onley:**

- a) Renew government leadership in implementing the AODA.
  - i) Take an all-of-government approach by making accessibility the responsibility of every ministry.
  - ii) Ensure that public money is never used to create or maintain accessibility barriers.
  - iii) Lead by example.
  - iv) Coordinate Ontario's accessibility efforts with those of the federal government and other provinces.
- b) Reduce the uncertainty surrounding basic concepts in the AODA.
  - i) Define "accessibility".
  - ii) Clarify the AODA's relationship with the Human Rights Code.
  - iii) Update the definition of "disability".
- c) Foster cultural change to instill accessibility into the everyday thinking of Ontarians.
  - i) Conduct a sustained multi-faceted public education campaign on accessibility with a focus on its economic and social benefits.
  - ii) Build accessibility into the curriculum at every level of the educational system, from elementary school through college and university.
  - iii) Include accessibility in professional training for architects and other design fields.

Implications to the Region: Possible additional accessibility training requirements for design professionals such as architects, interior designers, landscape designers and other design professionals for a better understanding of universal design so that universal design concepts are considered at the forefront and not as an afterthought.

- d) Direct the standards development committees for K-12 and Post-Secondary Education and for Health Care to resume work as soon as possible.
- e) Revamp the Information and Communications standards to keep up with rapidly changing technology.

## 2019 LEGISLATIVE REVIEW OF THE AODA

Implications to the Region: Increased strategies and technologies for communicating with the hearing impaired residents. David Onley is recommending in-take forms to accommodate various programs so that they are accessible by special needs software, as well as ensuring all forms are available online.

Current web standards are already obsolete. Information and Communications Standard Development Committee is currently working on recommendations to update the standard to WCAG 2.1, released in June 2018, which addresses web accessibility through mobile devices, including accessibility for people with cognitive and learning disabilities and additional criteria for people with low vision. The Region is currently working on complying with WCAG 2.0 and may be required to comply with the latest standard. There is a need to evaluate current web technologies and identify those which would support the higher standard.

- f) Assess the need for further standards and review the general provisions of the Integrated Accessibility Standards Regulation.

Implications to the Region: Two new standards are currently being established in the areas of health care and education which may have an impact on the Region of Peel. David Onley has recommended barrier removal in multi-year plans as this tends to be overlooked in favour of preventing new barriers. The Region will need to keep this in mind when updating the Region's multi-year plan. David Onley also states the purpose of multi-year plans should go beyond compliance and they should exceed the standards. The Region has already taken this approach in the development of the Region's 2018-2025 Multi-Year Accessibility Plan.

- g) Ensure that accessibility standards respond to the needs of people with environmental sensitivities.

Implications to the Region: Although the Region of Peel has provisions in place for a scent free environment, possible additional requirements in the Built Environment could include air quality and ventilation provisions. David Onley is also recommending incorporating standards in the health care sector to make hospitals and long-term care homes safe for people with environmental sensitivities.

- h) Develop new comprehensive Built Environment accessibility standards through a process to:
- i) Review and revise the 2013 Building Code amendments for new construction and major renovations,
  - ii) Review and revise the Design of Public Spaces Standards,
  - iii) Create new standards for retrofitting buildings.

Implications to the Region: The report identified this area to be a top issue for Ontarians with Disabilities and suggested environments not accessible by persons with disabilities are a form of discrimination. The report calls for an overhaul to the Built Environment standard. Recommendations include reviewing the accessibility requirements in the Building Code in the next review of the Built Environment standard. It includes recommendations for pre-construction approval of projects in the Design of Public Spaces Standard. For retrofit projects, which can be costly, he proposes a similar approach as that used in the *Americans with Disabilities Act*, and combine moderate

## 2019 LEGISLATIVE REVIEW OF THE AODA

regulations with strong financial incentives. This would require financial investment by the Region given potential higher standards for retrofit projects.

- i) Provide tax incentives for accessibility retrofits to buildings.

Implications to the Region: Uncertain at this time, but could have an impact on the residents from a tax perspective.

- j) Introduce financial incentives to improve accessibility in residential housing.
  - i) Offer substantial grants for home renovations to improve accessibility and make similar funds available to improve rental units.
  - ii) Offer tax breaks to boost accessibility in new residential housing.

Implications to the Region: Such incentives could allow people to stay at home longer and possibly increase the availability of accessible rental units, with potential impact on the residents financially.

- k) Reform the way public sector infrastructure projects are managed by Infrastructure Ontario to promote accessibility and prevent new barriers.
- l) Enforce the AODA.
  - i) Establish a complaint mechanism for reporting AODA violations.
  - ii) Raise the profile of AODA enforcement.
- m) Deliver more responsive, authoritative and comprehensive support for AODA implementation.
  - i) Issue clear, in-depth guidelines interpreting accessibility standards.
  - ii) Establish a province wide centre or network of regional centres offering information, guidance, training and specialized advice on accessibility.
  - iii) Create a comprehensive website that organizes and provides links to trusted resources on accessibility.
- n) Confirm that expanded employment opportunities for people with disabilities remains a top government priority and take action to support this goal.

Implications to the Region: David Onley recommends revising the Access Now employment strategy and introducing specific programs, with funding commitments, so that people with disabilities can enter the work force and at the same time remove any barriers to employment.

- o) Fix a series of everyday problems that offend the dignity of people with disabilities or obstruct their participation in society

Implications to the Region: David Onley states that what is required is for Ontario to adopt a mindset of “accessibility mindfulness” and make communities accessible because it is the right thing to do. The Region of Peel would need to move beyond compliance to understand and anticipate the needs of the residents.

2019 LEGISLATIVE REVIEW OF THE AODA

**CONCLUSION**

The *Accessibility for Ontarians with Disabilities Act* (the *Act*) was passed in 2005. It was introduced with the hope to build a barrier-free Ontario for people with Disabilities by 2025. Fourteen years have transpired and it is clear that there is still work to be done to reach this goal. David Onley's third legislative review of the *Act* outlines areas where the legislation has fallen short and improvements need to be made.



Catherine Matheson, Commissioner of Corporate Services

**Approved for Submission:**



---

J. Sheehy, Acting Chief Administrative Officer

*For further information regarding this report, please contact Juliet Jackson, Director, Culture & Inclusion, ext. 6741, [juliet.jackson@peelregion.ca](mailto:juliet.jackson@peelregion.ca).*

*Authored By: Veronica Montesdeoca, Accessibility Planning Specialist*

**For Information**

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DATE: April 10, 2019

REPORT TITLE: **ACCESSIBILITY PLANNING PROGRAM UPDATE - APRIL 18, 2019**

FROM: Catherine Matheson, Commissioner of Corporate Services

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## OBJECTIVE

To provide an update of the activities undertaken by the Region of Peel Accessibility Planning Program and the Accessibility Advisory Committee subsequent to the February 21, 2019 Accessibility Advisory Committee meeting.

### REPORT HIGHLIGHTS

- The Accessibility Advisory Committee and Accessibility Planning Program were involved in various activities during this period, which are categorized as follows:
  - Consultation and compliance support provided to Regional Programs;
  - Participation in community events.
- This report also highlights upcoming events.

## DISCUSSION

### 1. Background

The main objective of the Region of Peel's Accessibility Planning Program (the Program) is to ensure that Regional programs, services and facilities continue to be inclusive and accessible for persons with disabilities. In order to accomplish this objective, the Program works collaboratively with all Regional departments and the Region of Peel Accessibility Advisory Committee (the Committee).

### 2. Activity List

#### a) Consultation and Compliance Support

##### i) **Annual Accessibility Status Report for 2018**

- As legislated under the *Accessibility for Ontarians with Disabilities Act (AODA)*, the Region must prepare an annual accessibility status report on the progress and measures taken to implement the requirements under the AODA and the strategies set out in the 2018-2025 Multi-Year Accessibility Plan for the past year.

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### ACCESSIBILITY PLANNING PROGRAM UPDATE - APRIL 18, 2019

- Consultations with various departments and program areas was undertaken to gather information on efforts made during 2018 to remove barriers and improve accessibility as well as any future goals and initiatives.
- The information gathered informs the Annual Accessibility Status Report for 2018 which appears on the April 18, 2019 Accessibility Advisory Committee agenda.

#### ii) Design of Public Spaces Standard Next Steps

- A workshop for internal business units that would be impacted by the guidelines for rest areas will be undertaken.
- The Site Plan and Construction Advisory Working Group will be consulted for feedback and insight. This consultation is scheduled for the spring of 2019.
- In addition to consultation with the Committee, and as per the *Integrated Accessibility Standards Regulation (IASR)*, consultation with the public will also be undertaken in the spring.
- All feedback will be gathered, and the guidelines will be refined and presented to the Committee for endorsement.
- Members of the Site Plan and Construction Advisory Working Group include: Carol-Ann Chafe, Raj Chopra, Paula Crawford-Dickinson, Mary Daniel, Naz Husain and Councillor Ian Sinclair.

#### iii) Accessibility Training Refresh

- Accessibility planning staff met with staff from Organizational Development and Learning to discuss options for the refresh of accessibility training.
- To ensure compliance with the AODA and IASR requirements, corporate accessibility training encompasses four modules.
- The refresh will incorporate the modules into one easy and succinct training experience.
- Part of the refresh will include updates to training materials to align with current brand standards as well as digitization of record keeping, currently a manual process.
- The intent is to re-train the entire organization. It will serve as an opportunity for awareness building and a reminder of the Region's accessibility obligations. It will also ensure that all staff and volunteers have this training.

#### b) Participation in Community Events

##### i) Abilities Expo: April 5-7, 2019

- The 2019 Abilities Expo was held from April 5-7, 2019 at the International Centre.
- The expo was a free event that brought together under one roof products and services for the community of people with disabilities.



ACCESSIBILITY PLANNING PROGRAM UPDATE - APRIL 18, 2019

c) Upcoming Events

i) **World Autism Awareness Day (April 2, 2019)**

- In an effort to raise awareness and promote full participation of all people living with autism, the Region of Peel commemorated World Autism Awareness Day on Tuesday, April 2.
- As declared by the United Nations, it is a day to highlight the need to improve the quality of life of those with autism, so they can lead full and meaningful lives, as an integral part of society.
- An internally focused initiative, a story was posted to the Regional intranet site which contained a video of a member of the Region's leadership team sharing her journey as a parent with a child with autism.

ii) **National AccessAbility Week (May 26 – June 1)**

- The Federal government introduced National AccessAbility Week in 2016. It is a week for Canadians to promote inclusion and accessibility in their communities and workplaces, to celebrate progress and to be inspired to further break down barriers. The week officially starts on the last Sunday in May.
- Formerly known as National Access Awareness Week, the Region has decided to align with the federal dates and name of National AccessAbility Week. This is consistent with the practice of most municipalities in Ontario. The Region of Peel will be celebrating National AccessAbility Week between May 26 and June 1 to continue to raise awareness amongst staff of the struggle persons with disabilities.
- More information will be provided on this year's commemoration as planning gets underway.

**CONCLUSION**

This report summarizes the activities and consultations that the Accessibility Planning Program (the Program) has been involved in, together with participation of members of the Accessibility Advisory Committee (the Committee) since February 21, 2019. The Committee and the Program continue to engage in activities that support the Region of Peel's primary accessibility objective of ensuring Regional programs, services and facilities are inclusive and accessible for all persons with disabilities and respond to the evolving community needs.



Catherine Matheson, Commissioner of Corporate Services

ACCESSIBILITY PLANNING PROGRAM UPDATE - APRIL 18, 2019

Approved for Submission:

A handwritten signature in black ink, appearing to read "J. Sheehy". The signature is fluid and cursive, with a long horizontal stroke at the end.

---

J. Sheehy, Acting Chief Administrative Officer and  
Commissioner of Human Services

*For further information regarding this report, please contact Juliet Jackson, Director, Culture & Inclusion, Ext. 6741, [juliet.jackson@peelregion.ca](mailto:juliet.jackson@peelregion.ca).*

*Authored By: Veronica Montesdeoca, Accessibility Planning Specialist*

**APPROVED AT REGIONAL COUNCIL  
March 28, 2019**

**6. COMMUNICATIONS**

- 6.2. ***Raj Chopra, Committee Member, Providing an Update on the Provincial Health Care Standards Development Committee (Oral)***

*Deferred to the April 18, 2019 Region of Peel Accessibility Advisory Committee meeting* 2019-256

**RECEIVED**

March 13, 2019

REGION OF PEEL

OFFICE OF THE REGIONAL CLERK

**From:** Lytle, Judi  
**Sent:** Thursday, March 7, 2019 4:13 PM  
**Subject:** ONAP - Onley Report is available

Hey ONAP –

The Onley Report was tabled in the legislature today: <https://www.ontario.ca/page/2019-legislative-review-accessibility-ontarians-disabilities-act-2005>

In other news, check out the messaging on the Ontario Accessibility Facebook page: <https://www.facebook.com/ONAccessibility/>

Judi

---

**Judi Lytle**  
**Accessibility Coordinator**  
**Capital Works Department**  
**City of Burlington**

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**City of Burlington** | [www.burlington.ca/accessibility](http://www.burlington.ca/accessibility)

REFERRAL TO \_\_\_\_\_  
RECOMMENDED \_\_\_\_\_  
DIRECTION REQUIRED \_\_\_\_\_  
RECEIPT RECOMMENDED  \_\_\_\_\_

**LISTENING TO ONTARIANS WITH DISABILITIES**

REPORT OF  
THE THIRD REVIEW OF  
THE ACCESSIBILITY FOR ONTARIANS  
WITH DISABILITIES ACT, 2005

THE HONOURABLE DAVID C. ONLEY

REVIEWER

JANUARY 2019

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## INTRODUCTION

A year ago, I was honoured to be appointed to lead the Third Review of the Accessibility for Ontarians with Disabilities Act. From the outset, my intent has been to produce a report that not only reflects my views on accessibility but also speaks for the 2.6 million Ontarians with disabilities and their families and loved ones.

I remember well the days when the AODA was enacted in the spring of 2005. One of the main points in the exciting new law was that it set a deadline for achieving accessibility for people with disabilities – January 1, 2025. To me and many others in the disability community, that date seemed a long way off. Surely, we thought, we'll easily get accessibility done in 20 years – and hopefully a lot sooner.

Alas, here we are almost 14 years later, and the promised accessible Ontario is nowhere in sight. The vision in the AODA has, by and large, turned out to be a mirage. Every day, in every community in Ontario, people with disabilities encounter formidable barriers to participation in the vast opportunities this province affords its residents – its able-bodied residents – as will be fulsomely described later in this report. For most disabled persons, Ontario is not a place of opportunity but one of countless, dispiriting, soul-crushing barriers.

The AODA promised to prevent and remove these barriers. Despite enormous efforts by untold legions of people to implement this law and deliver on its promise – from standards development committees and the consultations they involved, to those who have laboured to improve accessibility in obligated institutions – the results are highly selective and barely detectable.

One thing you can see when you look around Ontario's public buildings and shopping malls is the blue wheelchair symbol. This is misleading. It gives the impression everything is accessible when in fact – though there are some accessible features – this province is mostly inaccessible.

As you will see by reading about what people told the Review, Ontarians with disabilities are fed up with this situation. In fact, the overwhelming emotions expressed at our hearings were both anger and profound frustration. We are the only minority group in our society that faces blatant, overt discrimination and whose civil rights are infringed upon every day from multiple directions. I understand of course that there is still discrimination based on the other protected grounds in the Human Rights Code, but this at least is generally kept under wraps.

On the other hand, for a person using a wheelchair, stairs are like a sign that says you can't enter here. The same goes for a Deaf student in a classroom without captioning or a blind woman trying to find her way in a building without accurate Braille signage. The message is: you don't belong here, we don't want you here and, while we won't say it out loud, we will make it clear by our design barriers that this place is not for you or for any of your kind. Design barriers are no different than the signs of a bygone era in foreign countries, telling people which water fountains they could or could not use and which restaurants or buses they could or could not



## 6.2-6

use. Design barriers are no different than signs telling members of racial or religious minorities to stay away! As harsh a word as it is, the only correct one is discrimination. Design barriers discriminate. Sadly, much of the built environment in Ontario today is hostile towards people with disabilities.

This kind of discrimination must end. It is a violation of human rights. And if this is not reason enough, a true crisis is looming with the expansion of the 65-and-over age group. More seniors will result in more people with disabilities, since disability increases sharply with age.

Today, there are more Canadians 65 and over than there are children 14 and under – and there could eventually be twice as many. The aging trend is not a temporary blip but a long-term reality that has been forecast to continue until 2063 and perhaps beyond. It represents a fundamental, lasting transformation of our society. And the failure to make Ontario accessible means that this province is woefully unprepared for the demographic tsunami that is beginning to arrive.

I am very pleased that the terms of reference for this Review are somewhat broader than those of the previous two Reviews, which were limited to examining the effectiveness of the AODA and its regulations. Recognizing that accessibility means more than complying with the law, the Third Review is also covering broader cultural change to further an accessible Ontario beyond 2025.

Later in this report, I will offer a series of recommendations designed to foster the barrier-free Ontario we all seek and to solve some of the problems that people with disabilities encounter on a daily basis. The recommendations respond to the many voices heard during the Review's consultations.

To set the stage, the next section of the report – An Evolving Context – will present background information on accessibility and the AODA. This is followed by a summary of input from the extensive consultation process in the section on What the Review Heard.

To all of those who attended our hearings, submitted briefs, sent letters and emails or who stopped me to express your views on the lack of accessibility in Ontario today, thank you. I believe we have accurately represented your opinions in this Review.

## AN EVOLVING CONTEXT

This section presents background information to set the stage for the Review's analysis and Recommendations. Topics covered include: how the AODA fits into the legal framework for disability rights, how the AODA operates, what the current standards are, the findings of the first two Reviews of the AODA and the government response, other Canadian accessibility legislation, demographic trends and employment of people with disabilities.

### Legal Safeguards for Disability Rights

The Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is part of a legal framework that protects the rights of Ontarians with disabilities and fosters their full participation in all aspects of society.

#### Charter of Rights and Freedoms

A foundation stone is Section 15 of the Canadian Charter of Rights and Freedoms – the equality guarantee that every individual has the right to the equal protection and equal benefit of the law without discrimination. This provision took effect in 1985 and includes mental or physical disability among the prohibited grounds. Section 15 applies only to the federal and provincial governments. However, the interpretation of this guarantee by the Supreme Court of Canada has strongly influenced decisions of other courts and human rights tribunals.

#### Human Rights Code

Ontario's Human Rights Code also prohibits discrimination on the basis of disability. This protected ground was added to the Code in 1982 using the term "handicap", which was changed to "disability" in 2002. Under the Code, every person has a right to equal treatment with respect to services, goods, facilities, housing, employment, and membership in trade unions, occupational associations or self-governing professions, without discrimination because of disability. The Code prohibits both direct and indirect discrimination – including constructive discrimination where a requirement, qualification or other factor that is not designed to discriminate in fact restricts or excludes a protected group. The Code has primacy over all other Ontario legislation, including the AODA, and the AODA does not diminish the legal obligations imposed by the Code.

The Code makes it clear that discrimination can be found only if the person with a disability is capable of fulfilling the essential requirements of the position or activity involved. However, people cannot be considered incapable if their needs can be accommodated without undue hardship, considering the cost, outside sources of funding and health and safety requirements.

As the Supreme Court of Canada observed in the late 1990s, “the principle of reasonable accommodation” is widely accepted in human rights jurisprudence.<sup>1</sup>

### **International Treaty**

In addition to this domestic legislation, Canada has ratified the Convention on the Rights of Persons with Disabilities that was adopted by the United Nations General Assembly in 2006. The Convention came into force for Canada in 2010.

The purpose of the Convention is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” As the Ontario Human Rights Commission has pointed out, the Convention “moves away from considering people with disabilities as recipients of charity towards being holders of rights.”<sup>2</sup> A key goal is to enable persons with disabilities to live independently and participate fully in all dimensions of life.

Among many other measures, the Convention commits states to take steps to ensure equal access to the physical environment, transportation, information and communications and other facilities and services open or provided to the public. These steps are to include the identification and elimination of obstacles and barriers to accessibility. More specifically, states are to develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services.

As well, states are obliged to perform or promote research and development of universally designed goods, services, equipment and facilities as well as promoting their availability and use. Universal designs require the minimum possible adaptation and the least cost to meet the specific needs of persons with disabilities.

Though not part of Canadian law, the Convention may have a powerful impact on the way Canadian legislation is interpreted by the courts. The Supreme Court of Canada has held that the interpretation of domestic law should be consistent with Canada’s international commitments.<sup>3</sup>

At present, individuals cannot directly complain to the UN if they believe their rights under the Convention have been violated. However, the federal government in November 2017 tabled the Optional Protocol to the Convention in Parliament. This is a step toward Canadian accession to the Protocol that would allow the UN Committee on the Rights of Persons with Disabilities to consider complaints against Canada where all domestic avenues of recourse have been exhausted.

Ontario has won international recognition for its accessibility efforts. Most recently, the AODA was one of 15 accessibility policies cited as innovative at the February 2018 Zero Project

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<sup>1</sup> *Eldridge v. British Columbia (Attorney General)*, [1997] 3 SCR 624, 1997 CanLII 327 (SCC), <<http://canlii.ca/t/1fqx5>> retrieved on 2018-08-01 at para. 79.

<sup>2</sup> Ontario Human Rights Commission, *Policy on Ableism and Discrimination Based on Disability*, 2016, p. 18.

<sup>3</sup> *Idem*.

conference in Vienna, from among 55 nominations from 32 countries. Funded by the Austria-based Essl Foundation, the Zero Project has adopted a mission to create a world with no barriers.

### **Case-by-Case Progress**

Rights under both the Charter and the Code are enforced on a case-by-case basis and, under both laws, disability-related cases have been numerous. A recently published research study analyzed 14 Charter challenges before the Supreme Court of Canada between 1985 and 2013 where a person with a disability sought freedom from discrimination under Section 15.<sup>4</sup> And, at the provincial level, 56 per cent of the 4,425 applications received by the Human Rights Tribunal of Ontario (HRTO) in 2017-18 involved disability.<sup>5</sup>

Legal proceedings of this type, however, have proven very cumbersome, costly and time-consuming. The average case processing time for all applications at the HRTO, for example, was 352 days in 2017-18. Removing barriers one case at a time has been extremely frustrating for those seeking wider and faster systemic change. This frustration was very much the taproot for new approaches to achieving accessibility that have emerged in Ontario over the past two decades.

### **Ontarians with Disabilities Act, 2001**

An early advance was the Ontarians with Disabilities Act (ODA), enacted in 2001, which covers the provincial government and the broader public sector. More than half of the sections of the ODA have now been repealed as their content has largely been absorbed into the regulations under the AODA.

In its original version, the ODA required provincial ministries, municipalities, public transportation organizations, hospitals, school boards, universities and colleges of applied arts and technology to prepare annual accessibility plans. It imposed specific obligations on the province concerning barrier-free design guidelines for new or renovated government buildings, accessible formats for government websites and publications, accessibility of goods and services purchased by the government for its own use, accommodation of government employees' accessibility needs and accessibility in government-funded capital projects.

As well, municipalities with a population of 10,000 or more were obliged to establish an accessibility advisory committee with persons with disabilities comprising a majority of members. In addition, municipalities were required to consider accessibility when procuring goods or services.

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<sup>4</sup> People with Disabilities and the Charter: Disability Rights at the Supreme Court of Canada Under the Charter of Rights and Freedoms. Canadian Disability Policy Alliance. <<http://www.disabilitypolicyalliance.ca/federal-disability-policy/people-with-disabilities-and-the-charter.html>> retrieved on 2018-07-11

<sup>5</sup> <<http://www.sjto.gov.on.ca/documents/sjto/2016-17%20Annual%20Report.html#hrto4>> retrieved on 2019-01-08

The ODA also created the Accessibility Directorate of Ontario (ADO) with a mandate to conduct research, develop and conduct public education programs, consult with obligated organizations on accessibility plans and make recommendations to improve opportunities for people with disabilities.

## **Accessibility for Ontarians with Disabilities Act, 2005**

The limited scope of the ODA led to calls to replace it with a stronger and more wide-ranging law. In response, the Ontario legislature unanimously passed the Accessibility for Ontarians with Disabilities Act in May 2005. The Act took effect upon Royal Assent on June 13, 2005.

The Act begins by recognizing the history of discrimination against persons with disabilities in Ontario. Its purpose is to “benefit all Ontarians by,

- (a) developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025; and
- (b) providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.”

The AODA uses the same definition of disability as the Human Rights Code, including:

- any degree of physical disability, infirmity, malformation or disfigurement caused by bodily injury, birth defect or illness
- a condition of mental impairment or a developmental disability
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- a mental disorder or
- an injury or disability covered by the Workplace Safety and Insurance Act, 1997.

The AODA applies to “every person or organization in the public and private sectors of Ontario” – including the provincial government and the Legislative Assembly. The AODA empowers the government to make regulations establishing accessibility standards that set out requirements for the identification, removal and prevention of barriers. A barrier is defined as anything that prevents a person with a disability from participating fully in all aspects of society because of his or her disability – including physical, architectural, information, communications, attitudinal and technological barriers as well as policies and practices. The standards also establish time periods for implementing the required measures.

**Standards Development**

The Minister assigned to administer the AODA – now the Minister for Seniors and Accessibility – is responsible for establishing and overseeing a process to develop and implement all accessibility standards necessary to achieve the purposes of the legislation. As Charles Beer put it in his report on the First Review of the AODA, “The cornerstone of the AODA legislation is the development of accessibility standards through an inclusive stakeholder process.” To begin the process, the Minister is required to establish standards development committees (SDCs) to develop proposed standards to be considered for adoption as regulations. These committees include persons with disabilities or their representatives, representatives of the industries, sectors or classes of organizations to which the standard is to apply and representatives of ministries with related responsibilities. The Minister determines the terms of reference for each committee.

Each SDC determines long-term accessibility objectives by identifying the requirements to be implemented by 2025, as well as the timeframe for progressive implementation in stages of five years or less. The SDC then prepares an initial proposed standard, which the Minister releases for public comment. After considering the feedback, the committee makes any changes it finds advisable and finalizes the proposed standard. The Minister then has 90 days to decide whether to recommend that the government adopt the proposed standard by regulation in whole, in part or with modifications.

Each accessibility standard must be reviewed at intervals of five years or less after its adoption by regulation. At that time, the SDC re-examines the long-term objectives and develops a new proposed standard modifying the existing standard as needed. The standards development process used to develop the initial standard applies to each successive review.

**Compliance and Enforcement**

The AODA requires organizations to file reports on compliance with standards when directed to do so. This self-reporting is the first step in a progressive enforcement system that also includes inspections, orders, administrative penalties and ultimately prosecutions and fines. Orders and penalties may be appealed to the Licence Appeal Tribunal, the tribunal designated by the government for this purpose.

**Additional Provisions**

As well, the AODA creates the Accessibility Standards Advisory Council (ASAC), to be appointed by the Minister, with persons with disabilities comprising a majority of members. Its role is to advise on the standards development process, accessibility reports, public information programs and other matters. The AODA also continues the ODA requirement for municipal accessibility advisory committees (MAACs) and assigns them the additional duties of advising on the implementation of accessibility standards and the preparation of accessibility reports. In addition, the legislation maintains the ADO while assigning it new roles such as supporting the standards development process and advising on the form and content of accessibility reports

and enforcement methods. The AODA also calls for repeal of the ODA upon proclamation by the government; some sections have not yet been repealed.

Finally, the AODA requires periodic, comprehensive reviews of the effectiveness of the legislation and regulations. The Reviewer is to consult with the public, particularly with people with disabilities, and may make recommendations. This is the Report of the Third Review of the AODA.

### **Administrative Responsibility**

Responsibility for the administration of the AODA was transferred from the Minister of Citizenship and Immigration to the Minister of Community and Social Services in late June 2005, shortly after the legislation took effect. This role was assigned to the Minister of Economic Development, Trade and Employment (later Economic Development, Employment and Infrastructure) in early 2013 where it remained until the first Minister Responsible for Accessibility was appointed in mid-2016. Two years later, in June 2018, this responsibility was assigned to the newly created portfolio of Minister for Seniors and Accessibility.

### **Early Standards Development Work**

To begin implementation, the government announced that the first five standards to be developed would cover Customer Service, Transportation, Information and Communications, Employment and the Built Environment.

The Customer Service standards development committee, formed in January 2006, was the first to conclude its work, with the resulting standard becoming law at the beginning of 2008. The Transportation committee also started up in early 2006, while the Information and Communications, Employment and Built Environment committees all got under way in 2007.

The work of the four committees operating in late 2007 – all but the Customer Service committee that had finished its task – was interrupted by significant changes to their composition and procedures. In the original committees, people with disabilities were in the minority and government representatives had voting rights. At the urging of disability stakeholders, the government decided to change these arrangements, so that persons with disabilities or their representatives made up 50 per cent of the membership of each SDC, while government representatives would no longer be eligible to vote on committee decisions. It was also made clear that committees could vote on individual clauses rather than only on a proposed standard in its entirety. To achieve the 50 per cent level, additional members from the disability community were recruited to each of the four committees in early 2008. The timing of the changes slowed progress as some committees were already well into their work.

### **Where We Are Now: Current Standards**

As of the date of this Third Review, five standards have been established by regulation under the AODA.

**Customer Service**

The first standard, on Customer Service, came into force on January 1, 2008. Its provisions were phased in, taking effect for the provincial government and the broader public sector in 2010 and the private sector (business and non-profits) in 2012. This was also the first standard to undergo the mandatory five-year review, which began in September 2013 and resulted in a revised standard that took effect July 1, 2016.

The standard applies to all providers of goods, services or facilities. It requires them to develop, implement and maintain policies for serving people with disabilities that are consistent with the principles of dignity and independence, integration, equal opportunity and communication that takes disability into account. Among other requirements, providers must train staff and volunteers in accessible customer service, create a process for receiving and responding to feedback, and permit service animals and support persons to enter the premises. A key change in the 2016 regulation removed the obligation for private sector organizations with 20-49 employees to document their accessible customer service policies and make them public, though reporting requirements remain in effect.

The next three standards were combined in the Integrated Accessibility Standards Regulation (IASR) that took effect on July 1, 2011. Again, the requirements were phased in, though coming into effect over a much longer timeframe, between 2011 and 2021. The standards are:

**Information and Communications**

This addresses the way information is created and communicated. Organizations are required to provide accessible formats and communication supports on request. The standard also covers such areas as websites and web content, educational and training materials and resources, educator training and public libraries.

**Employment**

This standard supports accessibility throughout the employment relationship. Among other provisions, it requires employers to: notify employees and the public that recruitment processes are accessible; accommodate the needs of job applicants on request; provide work-related information in accessible formats; provide customized emergency response information; and establish a process for developing individual accommodation plans. It also calls for accommodation in return to work, performance management, career development and redeployment processes.

**Transportation**

This standard includes an array of policy, operational and technical requirements to prevent and remove barriers in both conventional public passenger services and specialized transportation services for persons with disabilities. Among the many areas affected are: accessibility planning, equipment and training; pre-boarding and on-board announcements; fares; priority seating and storage of mobility aids. Obligations are also imposed on municipalities that license



taxicabs and on school boards and other public sector organizations that offer transportation services.

### **Design of Public Spaces (Built Environment)**

A further standard, covering parts of the Built Environment, was added to the IASR on January 1, 2013. Applicable to newly constructed or redeveloped public-use areas, it was phased in between 2015 and 2018. It covers such public spaces and features as recreational trails and beach access routes, outdoor tables for eating, outdoor play spaces, outdoor sidewalks or walkways, off-street parking, waiting areas, service counters and queuing guides.

### **General Provisions**

In addition to the above standards, the IASR contains general requirements concerning: accessibility policies, multi-year accessibility plans, accessibility criteria and features in procurement, accessible self-service kiosks, and training of employees and volunteers on the IASR standards and the Human Rights Code.

Part I of the IASR, where the general standards appear, also spells out that the IASR applies to:

- the Government of Ontario and the Legislative Assembly
- public sector organizations including municipalities, school boards, hospitals, colleges of applied arts and technology, universities and public transportation services and
- every other person or organization that provides goods, services or facilities to the public and has at least one employee in the province.

In both the public and private sectors, small organizations are those with at least one but fewer than 50 employees, while large organizations have 50 or more employees.

As of July 1, 2016, the revised Customer Service standard was folded into the IASR, bringing all AODA standards into a single regulation in order to make the requirements easier to follow and implement.

### **Building Code**

One group of accessibility standards remains outside the IASR, however. Beyond the Design of Public Spaces standard, other requirements for the Built Environment are found in Ontario's Building Code, which has included barrier-free design provisions since 1975.

Enhanced accessibility standards covering most new construction and extensive renovations of buildings were incorporated into the Building Code effective January 1, 2015. The amendments update requirements in such areas as: visual fire alarms and smoke alarms; elevator access between storeys in most buildings; barrier-free path of travel throughout buildings, including power doors at entrances to a wider range of buildings; and the minimum number of visitable suites in apartment buildings, which was raised from 10 per cent to 15 per cent. The Building

Code does not apply to existing buildings where no work is planned, and most accessibility requirements do not affect houses.

### **Ongoing Standards Development**

Five-year reviews of three standards are now under way. The Transportation standards development committee started its review in February 2016, submitted initial recommendations for public comment in November 2016 and presented final recommendations for new standards in January 2018. The Employment SDC began meeting in March 2017 and its initial recommendations were posted for public comment in March 2018. The Information and Communications SDC also got under way in March 2017. The work of the Employment and Information and Communications SDCs was suspended prior to the spring 2018 election and resumed in late fall.

As well in 2017, the government started the process of establishing standards in two new areas – health care and education. The Health Care standards development committee began meeting in March 2017. It has been directed to focus on addressing barriers in the hospital sector and to consider such issues as communication with persons with disabilities, training on accommodation, and administrative accountability for accessibility. In education, two standards development committees were created – one on kindergarten to Grade 12 and one on the post-secondary sector. The committee chairs were named in December 2017 and both groups began work in February 2018. The activity of all three new committees was suspended before the spring election and has not resumed as of this writing.

### **First AODA Review – 2010**

The First Review of the AODA was conducted by Charles Beer, a former provincial Cabinet minister. He consulted widely with stakeholders and the public in developing his report, which was submitted in February 2010 and tabled in the legislature in May 2010. Mr. Beer called on the government to “breathe new life into the AODA” by implementing key recommendations including:

#### **1. Harmonize the accessibility standards before finalizing them as regulations.**

During consultations, his Review was told that the only standard in force at the time – Customer Service – and the draft standards then in progress contained overlapping content, differing timelines, gaps, inconsistencies and contradictions. The government largely implemented this recommendation through the IASR.

#### **2. Renew government leadership in implementation of the AODA by:**

- formally designating a Minister Responsible for Accessibility
- strengthening the Accessibility Directorate of Ontario by
  - o elevating its assistant deputy minister to the rank of deputy minister and

- focusing its efforts on renewed priorities such as a provincial policy on accessibility, compliance and stakeholder support and, most importantly, public awareness and education.

The Beer Report also outlined a strategy for repeal of the ODA once the initial five standards were in place. It proposed a process for determining which ODA obligations, if any, should be moved into the AODA framework before repeal.

Little had been done to follow up on these suggestions by the time the Report of the Second Review of the AODA was tabled almost five years later.

### **3. Introduce a streamlined standards development process.**

Mr. Beer observed that, while the AODA process of creating standards through committees involving the disability community, the obligated sectors and government representatives was innovative and ground-breaking, it also encountered unexpected problems. In particular, his Review found that the process was challenged by the technical complexity of much of the subject matter; the absence of central coordination and direction; and uncertainty about feasibility, costs and the cumulative impact of standards.

Moreover, the changes to the process in late 2007, outlined above, unintentionally worsened the frustration. They led to confusion about committee procedures, increased the size of the committees (in some cases to close to 50 members) and contributed to delays as the work of some committees was well under way. One committee, for example, had already released its proposed standard for public review.

The Beer Report also noted that the standards development committee process would have been improved by:

- A clear governance and accountability framework including unambiguous terms of reference and transparent voting procedures
- A clear understanding of the role of government and the public interest in making decisions
- Explicit public policy and principles to guide the process
- More careful consideration of the composition of the committees to support a balance of perspectives and expertise
- Credible background research on evidence-based best practices in Ontario and elsewhere
- Technical and sectoral subcommittees where needed
- More transparent timelines for completing the process
- Formal orientation and training for committee members.

To address this array of challenges, Mr. Beer concluded that tinkering with the current process would not be enough. Instead, he proposed to replace the standards development committee process with an arm's length advisory body – to be called the Ontario Accessibility Standards Board – to develop and review standards.

In response to this recommendation, the government in January 2013 announced that responsibility for standards development would be consolidated in the Accessibility Standards Advisory Council. ASAC's members were invited to sit as a standards development committee to conduct the five-year review of the Customer Service standard.

For further reviews, however, the government reverted to the former practice of creating separate standards development committees. It seemed unrealistic to ask ASAC to deal with the volume of work and complexity of issues involved in conducting multiple reviews at the same time. SDCs were also established to develop new Health Care and Education standards, as noted above. The government has maintained central coordination by inviting at least one ASAC member to join each standards development or review committee. As well, most of the suggestions to improve the process listed in the Beer Report have been implemented.

## **Second AODA Review – 2014**

The Second Review of the AODA was conducted by Mayo Moran, Provost and Vice-Chancellor of Trinity College at the University of Toronto. Her report was submitted in November 2014 and tabled in February 2015. Based on extensive public and stakeholder consultations, she reached the overall conclusion that "(t)he pace of change is seen as agonizingly slow by persons with disabilities, while the complexity of the regime and the inadequacy of support for implementation mean that the obligated sectors are nonetheless struggling with compliance."

### **Rolling Implementation**

The Moran Report observed that a key feature of the AODA standards was the concept of phased or rolling implementation. For each obligation under the standards, the AODA regime typically starts implementation with the Ontario government, then extends the requirements to the public sector and finally to the private sector, usually according to size. The result was that, although five standards were in effect at the time of the Second Review, many of the obligations had not yet come into force since they were being phased in gradually – some not until 2021. The implementation schedule is very complex and was summarized in a timeline chart in the report. The reality of staged implementation posed a challenge for the Moran Review in assessing the effectiveness of the AODA and the regulations.

As this Third Review got underway in early 2018, all obligations under all standards were in force, with the exception of a few provisions pertaining to websites and learning resources. However, some key obligations had not been operational for very long. In particular, almost all accessible employment standards as well as requirements for accessible formats and communications supports did not apply to small private sector organizations until January 1, 2017. And the Design of Public Spaces standards did not apply to this group until January 1,

2018 or to large private sector organizations until a year earlier. The rolling implementation model somewhat limits the ability of this Third Review to assess the impact of standards, though not to the same extent as with the Second Review.

The Moran Report presented eight key recommendations that are discussed below.

### **1. Renew Government Leadership.**

Echoing the Beer Report, Ms. Moran stressed that “re-establishing the leadership and commitment of the Government of Ontario to accessibility is critical to the momentum of the AODA.” Like Mr. Beer, she called on the government to put in place the administrative structure to strengthen its leadership on accessibility. Her report recommended designating a Minister Responsible for Accessibility and also making the Minister of Government and Consumer Services responsible for ensuring that the Ontario Public Service (OPS) becomes a fully accessible employer and service provider. It also suggested an associate deputy minister position to support the latter minister in this role. Other recommendations were to review proposed policies through an accessibility lens, link accessibility to capital and other spending decisions, and direct all ministries to treat accessibility as a key government-wide priority.

The government has taken some action along these lines. In mid-2016, Ontario’s first-ever Minister Responsible for Accessibility was appointed, together with the first Deputy Minister Responsible for Accessibility. Then, in September 2017, the Accessibility Directorate of Ontario was expanded to create a new Accessibility Policy, Employment Strategy and Outreach Division. Among other roles, its mandate is to work with ministries to embed accessibility in policy decisions and make the OPS a leader in hiring, accommodating and supporting people with disabilities.

### **2. Enforce the AODA.**

The Moran Report emphasized the crucial importance of enforcing the AODA and making known the results of that enforcement, noting that this view was widely shared by many different constituencies. Ms. Moran urged the government to prepare and make public an enforcement plan and to release the results of AODA enforcement activities on a timely basis.

She also called on the government to incorporate feedback into compliance and enforcement efforts by: establishing an accessible toll-free phone number to report AODA violations, as well as online and mail-in options; extending the existing requirement for feedback processes under the Customer Service standard to all accessibility standards; and requiring organizations to report publicly and to the ADO on complaints received and how they were resolved.

The government now publishes an annual accessibility compliance and enforcement report, including statistics on the year’s activities and plans for the year ahead. In its 2017 reorganization the ADO created a Compliance and Enforcement Branch, intended to place a “strategic focus” on these functions.

The 2017 enforcement report indicated that of the roughly 56,000 business and non-profit organizations (with 20 or more employees) required to submit compliance reports, more than

24,000 did so – 4,000 more than in the last reporting year in 2014. As well, nearly 700 of the approximately 800 public sector organizations required to file in 2017 did so. Overall, the ADO found that 94 per cent of organizations submitting a report indicated full compliance with the AODA standards, which the ADO considers “an encouraging sign.”

The ADO conducts audits to verify and enforce compliance. During 2017, the ADO conducted 1,730 audits – 1,254 focused on helping organizations file a compliance report through one-on-one interactions, and 476 designed to confirm compliance with standards beyond the requirement to file a report.

In 2016 and 2017, the ADO audited a selection of private sector organizations on compliance with what it considers foundational requirements. Rates of compliance were 64 per cent for establishing accessibility policies, 67 per cent for multi-year accessibility plans, 63 per cent for providing accessibility training and about 90 per cent for establishing a feedback process.

Audits of public sector organizations during the same period found a 66 per cent compliance rate for multi-year accessibility plans and a 40 per cent rate for accessibility policies. The latter rate reflected the need to update many existing policies to include standards that had recently taken effect.

Overall in 2017, the ADO negotiated compliance plans with 240 organizations found to be non-compliant. Failure to adhere to a compliance plan leads to enforcement measures. Six orders were issued, with three imposing an administrative monetary penalty, and none of these orders were appealed.

### **3. Resource and empower the ADO to provide robust compliance support.**

Ms. Moran underlined that her Review was repeatedly told that obligated organizations need more guidance and more support. She observed that the most effective compliance support would be to simplify the standards themselves so that elaborate explanations are unnecessary. As well, she suggested bringing all new requirements into force on the same date for all obligated organizations, as far as possible.

Her report called on the government to provide authoritative guidance on AODA requirements through such means as interpretive bulletins and a resource centre to provide quick answers to compliance questions. As well, Ms. Moran urged better promotion of existing resources. She also proposed a training certification program – based on standardized training content – that would make training portable, so it did not have to be repeated each time a worker changed jobs.

The government has directed standards development committees to make simplification and clarity key objectives when reviewing standards. In 2015, the ADO revamped its website in an effort to make it easier to learn what has to be done and when. As well, the government has funded outreach projects to educate organizations on their obligations. It also offers web-based training videos, “how-to” resources with practical examples and online templates to support compliance. In addition, a single-point-of-contact phone number receives thousands of calls a

year from people seeking information or compliance assistance, providing feedback or making complaints.

#### **4. Undertake a comprehensive public awareness campaign.**

Another strong message to the Moran Review was the “troubling lack of awareness of the AODA nearly 10 years after its enactment.” The report urged a sustained, long-term commitment to education and promotion programs by government and partners in the obligated sectors and the disability community. The goal would be to raise understanding of accessibility generally and the demands of the AODA specifically. During the consultations, the Pan/Parapan Am Games to be hosted by Ontario in 2015 were often cited as a rare communications opportunity.

The ADO ran a two-stage marketing campaign to usher in the AODA Employment standard that took effect for large businesses and non-profits on January 1, 2016 and small ones a year later. The campaign featured direct mail, print, radio and online ads. In 2017, to raise awareness of the year-end compliance reporting deadline for all sectors, the ADO sent out 57,000 reminder letters or emails, participated in more than 90 trade shows, conferences and other events and ran a digital marketing campaign targeted at business.

Twenty-three thousand volunteers were trained in accessibility in preparation for the Pan/Parapan Am Games. During the games 5,000 visitors took part in the three-day Accessibility Innovation Showcase that raised the profile of Ontario companies creating new accessibility technologies. The ADO held a similar showcase event at the 2017 Invictus Games hosted in Ontario.

#### **5. Clarify the relationship between the Human Rights Code and the AODA.**

The Moran Report observed that the relationship between the Human Rights Code and the AODA was an area of significant confusion that is likely to become more prominent as more obligations come into force. Ms. Moran stressed that the interaction between the Code and the AODA should be explained in all relevant communications and public awareness materials.

The Ontario Human Rights Commission (OHRC) has developed an e-learning video on the way these laws work together, which is available online. However, this issue remains current. The standards development committee reviewing the AODA Employment standards made improved clarity with the Human Rights Code the first recommendation in its initial report. As a start, the committee called on the government and the OHRC to explore the causes for the confusion about the relationship between these two measures.

#### **6. Plan for new standards.**

Ms. Moran urged the government to launch a public process to identify the most significant gaps in the current regulatory regime with a view to developing supplementary standards to close them.

More specifically, she recommended that the government undertake a serious process to determine the best method to ensure accessibility advances as fast as possible in health care and education. She noted that the outcome of these efforts could be a timely series of targeted standards, rather than extensive sector-wide obligations that could easily take a decade or more to develop and implement. As noted above, standards development committees have been created for new standards in Health Care and Education but their work has been suspended.

Ms. Moran also pointed out two key accessibility gaps that require action: the built environment and website extranets. She called on the government to begin the retrofitting of existing facilities by requiring readily achievable measures, such as accessible entry ways and washrooms. She also urged steps to remedy the exclusion of extranets from the AODA accessibility requirements (an extranet is an extension of an organization's internal network to outside users that is accessed by logging in). The SDC reviewing the Information and Communications standards is considering the extranets issue.

### **7. Encourage, support and celebrate accessibility planning beyond the AODA.**

The Moran Report emphasized that the current AODA standards should be treated as the floor, not the ceiling, for accessibility efforts. Support materials on developing multi-year accessibility plans should highlight barrier removal beyond AODA requirements, while a certification program – such as the LEED environmental certification – could motivate organizations to exceed minimum requirements. As well, celebrating accessibility champions would recognize strong leadership and showcase successful initiatives. Ms. Moran also recommended tax incentives to encourage small businesses to go beyond the accessibility requirements in the AODA standards, and idea also suggested in the Beer Report.

In 2015, the government launched the annual David C. Onley Awards for Leadership in Accessibility. This initiative recognizes individuals and organizations who demonstrate outstanding leadership to raise awareness of accessibility and disability issues in their communities. Also in 2015, AODA 10<sup>th</sup> Anniversary Champion Awards were presented across Ontario to recognize local efforts from fundraising to building an accessible playground.

In late 2015 the government began work on a voluntary third-party certification program that would give business an incentive to go beyond AODA requirements. This concept is now being pursued through a project known as BIG IDeA at the Inclusive Design Research Centre, with funding from the government's EnAbling Change program.

### **8. Improve AODA Processes.**

Finally, the Moran Report made a number of suggestions for refining processes under the AODA. It proposed that the government permit minor revisions to standards without going through full standards development process; conduct a focused review of the role and resources of municipal accessibility advisory committees; and repeal the ODA after ensuring that appropriate provisions have been incorporated into the AODA framework. In addition, Ms. Moran called on the government to require pre-construction approval of projects covered by the



Design of Public Spaces standards and to find a way to make the accessibility provisions of the Building Code subject to the AODA standards review process.

Minor amendments have been made to the Transportation and Design of Public Spaces standards outside the standards review process and, as noted above, repeal of some ODA sections has been proclaimed.

### **Other Canadian Accessibility Laws**

Disability stakeholders have hailed the AODA as ground-breaking legislation for Ontario and Canada. Currently, the federal and two provincial governments are in various stages of pursuing similar standards-based accessibility legislation.

In June 2018, following extensive public consultations, the Government of Canada introduced the proposed Accessible Canada Act. After some amendments, the bill received Third Reading in the House of Commons on November 27 and is before the Senate.

The purpose of the Act is to benefit all persons, especially persons with disabilities, through the realization of a Canada without barriers, particularly by the identification and removal of barriers and the prevention of new barriers in: employment; the built environment; information and communication technologies; other communication; the procurement of goods, services and facilities; the design and delivery of programs and services; transportation; and other areas designated by regulation. Accessibility standards are to be developed and revised by a new corporation to be known as the Canadian Accessibility Standards Development Organization.

While the AODA operates in provincial jurisdiction, the proposed measure would apply to all areas under federal jurisdiction – including the Parliament and Government of Canada, interprovincial or international transportation carriers, broadcasting and telecommunications services and the banking and financial sector. The bill complements the Canadian Human Rights Act and does not diminish any obligations under that Act.

In December 2013, the Accessibility for Manitobans Act (AMA) became law. It commits the province to achieve “significant progress” with accessibility by 2023, making Manitoba more inclusive for everyone. The government intends to create five accessibility standards, working with representatives from the disability community as well as public and private sector organizations. The Customer Service standard is currently the only one in force. Employment and information and communications standards are under development, while built environment and transportation standards are also planned. The mandatory four-year review of the AMA is in progress.

In 2017, Nova Scotia became the third Canadian province to pass accessibility legislation, setting a goal of an accessible Nova Scotia by 2030. Following consultations, the government has released a strategy called Access by Design 2030 that provides a framework and sets priorities. Standards for the built environment and education will be developed first, followed by employment, goods and services, information and communications and transportation.

### **Demographic Trends**

Accessibility legislation and standards are emerging against a rapidly evolving demographic background. As is well known, our society is aging and the incidence of disability increases with age. Hence the population of Ontarians with disabilities is growing in both absolute and relative terms.

According to the 2017 Canadian Survey on Disability<sup>6</sup>, persons aged 15 and over with disabilities number 2.6 million in Ontario and make up 24.1 per cent of youth and adults. But the rate of disability rises to 43.1 per cent in the 65-and-over age group and 53.5 per cent among those 75 and over. Looking to the future, Statistics Canada projects the proportion of seniors to increase from 15 per cent of Canadians in 2013 to as high as 25 per cent by 2038 and 28 per cent by 2063,<sup>7</sup> bringing further growth in the population with disabilities.

The social impact is even bigger when family and close relations of people with disabilities are counted. From this perspective, 53 per cent of Canadians today are directly affected by disability.<sup>8</sup>

## **A Focus on Employment of People with Disabilities**

Again according the 2017 Canadian Survey on Disability, 58 per cent of Ontarians with disabilities aged 25 to 64 years were employed – well below the 81 per cent level for their contemporaries without disabilities.<sup>9</sup> The Ontario government launched Access Talent: Ontario's Employment Strategy for People with Disabilities in June 2017, calling on employers with 20 or more staff to hire at least one more person with a disability. The whole-of-government strategy takes a collaborative approach to bring government, employers and individuals together to break down workplace barriers. It is based on four pillars:

- Inspire and support youth and students with disabilities
- Support and encourage employers as champions and partners
- Create seamless, person-centred employment and training services
- Establish the Ontario government as a leading employer and change agent.

The government established an Employers' Partnership Table, comprised of 17 business and not-for-profit leaders, to provide advice on implementing the strategy and promote the business case for employing people with disabilities. The ADO's Accessibility Policy, Employment Strategy and Outreach Division is coordinating implementation of the strategy across the provincial government.

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<sup>6</sup> Statistics Canada. Table 13-10-0374-01. Persons with and without disabilities aged 15 years and over, by age group and sex, Canada, provinces and territories.

<sup>7</sup> <<https://www150.statcan.gc.ca/n1/pub/91-520-x/2014001/c-g/desc/desc2.5-eng.htm>> retrieved 2018-12-17

<sup>8</sup> Ontario Disability Employment Network. <<https://odenetwork.com/businesses/why-hire>> retrieved 2019-01-08

<sup>9</sup> Statistics Canada. Table 13-10-0377-01. Labour force status of persons with and without disabilities aged 25 to 64 years, by age group and sex, Canada, provinces and territories.

## WHAT THE REVIEW HEARD

The heart of the Review was a wide-ranging public consultation process based on multiple communications channels. Again, let me express my deepest thanks to the host of individuals and organizations who contributed to the work of the Review. I am particularly grateful to the many people who took time from busy schedules and in some cases travelled long distances to share their views, suggestions and life experiences. Without this generous assistance, this report would not have been possible. I have done my best to capture all these views and voices and to respond to the many concerns and ideas put forward.

In planning the Review, I decided to make a special effort to reach beyond the well-known advocacy groups to connect with people with disabilities and their families near their homes. That's why our first public meeting, in June 2018, was held at Variety Village in Toronto, followed by a session at Grandview Children's Centre in Oshawa in October. During the late summer and fall, I travelled around the province to meet with people at Carleton University in Ottawa, in London at the convention centre, at Hart House in downtown Toronto, in Newmarket at the York Region offices and at a conveniently located hotel in Thunder Bay. In May, I hosted a "think tank" at the University of Toronto Scarborough with a cross-section of experts to build knowledge of current accessibility trends. The Review also organized an online consultation event open to the public in August and held two teleconferences with public sector stakeholder groups. As well, I have had informal but valuable conversations with countless individuals from all walks of life and all kinds of abilities over the past several months.

In addition, the Review established a website to provide ongoing information about activities and invite written submissions from anyone interested. Submissions were accepted via email or through an online comment form or document upload function. To round out the input, the Review conducted background research on accessibility in Canada and international jurisdictions.

The level of participation in the Review was heartening, with approximately 300 people attending meetings, either in person or online, and more than 100 submissions received – 26 from organizations and the rest from individuals. Given this wide-ranging feedback, it is not surprising that a broad range of issues emerged. While all the points can't be covered in a relatively short space, I attempt below to highlight the main themes running through the consultations.

The content can be arranged in a few broad categories:

- Progress So Far under the AODA
- Assessing the Standards Development Process
- No One Listening
- Barriers and Ways to Fix Them
- Enforcing the AODA
- Implementation Challenges

- Disability Issues Apart from the AODA.

## Progress So Far under the AODA

### Commitment to Accessibility

Let me begin by stating that a firm commitment to accessibility underpinned all the input to the Review. People with disabilities regard accessibility as incredibly important to their ability to participate in all that Ontario has to offer. Accessibility is seen as a cornerstone of full and meaningful inclusion. As one participant put it, “We need 100 per cent access to everything, just like everyone else.” Or in the words of another, “Without equal access, there can be no equal opportunity.” Seniors were especially vocal, seeking the best opportunity possible to live in health, happiness and dignity.

Representatives of many organizations with obligations under the AODA also expressed strong support for accessibility. From municipalities to hospitals to schools, there is no doubt the commitment to a barrier-free Ontario has taken root in our society.

The aging of the population is adding momentum to the drive for accessibility. The Review was reminded that disability increases with age. The population with disabilities is forecast to rise steadily in both absolute and relative terms as more baby boomers enter their senior years. And when family and close relations of people with disabilities are considered, disability today has a direct impact on more than half of society.

### Where We Are Now

A key question then is: how far along are we in the journey to the accessible province envisioned by the AODA? Will we get there by 2025 as promised by the legislation?

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*Accessibility is seen as a cornerstone of full and meaningful inclusion.*

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Some people with disabilities were upbeat, saying they love that we did the AODA and that it is a good piece of legislation. One participant felt that accessibility in public spaces like parks was steadily improving, transportation was getting better all the time, and business attitudes were becoming more accepting – and all this should be celebrated. One advocacy group observed we have made a start in the right direction, while another felt the AODA and its regulations have moved Ontario forward in the quest to become fully accessible. Observers in the municipal sector echoed this view, noting that we would not have improved as much as we have without the AODA. At the very least, it was widely felt that the AODA has put a spotlight on accessibility challenges and changed the conversation to focus on a standards-based model. The overall sense among advocacy groups and individuals with disabilities, as well as in the obligated sectors, is that we are moving in the right direction.

The problem, as many, many participants underlined, is that this progress has been painfully slow. “Ontario has come a long way, but we still have a long way to go” was a typical comment among those with a more positive outlook. One participant mentioned the provincial government’s often-stated claim that Ontario is a world leader – but added that this is like saying we are one metre ahead in a 100-metre race with 95 metres to go.

Many contributors to the consultation process expressed growing frustration with the rate of change.

At Variety Village, the mother of a 33-year-old man with a disability, who has been advocating for him since he was age two, noted how long it has taken to get things moving. She observed that the AODA seems to have stalled in the last few years – an impression that is widely shared. A community group, for example, commented that since the Moran Review accessibility has advanced at a snail’s pace, if at all. “It feels like we are on a long, never ending road with the destination moving ever further away in the distance.” Another participant said that some people with disabilities prefer to think in terms of exercising their rights rather than overcoming barriers – and stressed that more and more rights violations seem to be happening. Others wondered if it was wise to develop new standards when so little has been accomplished so far. Perhaps we should start over and at least get one standard right.

A university student with a disability commented that there has not been much action on the previous two AODA Reviews, and asked where the political leadership is, so we don’t have to spend so much time on this. Indeed, I heard time and again that most people with disabilities are so preoccupied with the logistics of just getting through each day that they do not have the time or energy to stand up for their rights. The bottom line expressed by many: persons with disabilities continue to face significant barriers in all facets of their lives. I will look at these barriers in detail later in this section.

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*“It feels like we are on a long, never ending road with the destination moving ever further away in the distance.”*

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The pace of change has been especially slow in small-town, rural Ontario. As one resident put it, “The battle to create an accessible county continues to be hard fought, with few victories.” A woman caring for her husband for 47 years, while agreeing that some progress is better than none, said she is “sick of the struggle – it is taking way too long.” A member of a municipal accessibility advisory committee remarked that every person with a disability she has spoken to does not have anything good to say about accessibility in their town.

### 2025 Deadline

The AODA’s 2025 timeline for achieving accessibility is sparking debate. Some observers think we are way behind schedule and are not on track for full inclusion by 2025. As one stakeholder group commented, at the present rate of progress, Ontario will not even come close to reaching

full accessibility by 2025. Hence dramatic improvement is needed now in the AODA's implementation and enforcement. Another participant pointed out that 2025 will be here in a blink and the government needs to get serious about how to get it done.

Others, however, are beginning to doubt that it can be done. The impression is developing that the 2025 goal is unrealistic and should be replaced or revised. One speaker suggested changing the goal to making Ontario “as accessible as possible” by 2025.

The state of the built environment is a big reason why many are skeptical of achieving accessibility by the prescribed date. The built environment is the top barrier facing people with disabilities, one observer said, and no one thinks it can be accessible by 2025 – all you need to do is look around! A MAAC member agrees and worries that it is going to be hard to explain to people with disabilities why everything won't be accessible in 2025.

### **Low Public Awareness**

A major reason for the slow progress, cited by both people with disabilities and other stakeholders, was the low level of awareness about the AODA 13 years after its enactment. Business awareness of obligations was felt to be sketchy or non-existent, while awareness among the public – including people with disabilities – was described as shockingly low. As one participant put it, “The AODA is unknown. Period.” On the other hand, some people with disabilities know about the AODA but were said to misunderstand what it does – leading to frustration with the staff of organizations when expectations are not met. The Review heard repeated calls for ongoing public awareness and education campaigns on accessibility in general and the AODA in particular.

### **Uncertainty over Basic Concepts**

The consultations found much uncertainty about basic concepts in the AODA – specifically, accessibility, disability and the link with human rights legislation.

#### What Is Accessibility?

Academic experts and consultants working with obligated organizations told the Review that clarity is needed on the meaning of accessibility and full accessibility. Service providers are said to be struggling with defining accessibility and understanding their responsibilities and this situation is compounded by confusion over the 2025 “deadline”.

A participant in the Thunder Bay session commented that the AODA has become a blanket for all things accessibility. In fact, however, most accessibility-related subjects raised at the meeting are not addressed by the AODA. Other contributors emphasized that everyone has a different idea of what full accessibility means and it will be hard to prove we ever achieve it.

A speaker at the Hart House meeting suggested replacing the notion that Ontario will “magically” become fully accessible by 2025 with concrete goalposts and measurable milestones as part of an ongoing process. With information, communications and other infrastructure constantly changing, it makes sense to meet specific milestones, so we should get very tangible in the next stage of our work. Along the same lines, another participant commented that the AODA is living legislation that should not end at 2025, since society is always changing and technology in particular is always evolving. Other stakeholders concurred that standards should include not only end-dates for achieving results but interim benchmarks for key milestones.

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*The AODA has become a blanket for all things accessibility.*

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A disability expert contended that to measure accessibility, we should be measuring outcomes. This will take a very different approach – proclaiming a very defined, measured outcome as the goal, and leaving it up to business and other sectors to decide how to achieve it. This is a global conversation that extends far beyond Ontario.

#### Definition of Disability

Another series of questions surrounds the meaning of disability. A researcher observed that the AODA definition of disability is grounded in a medical approach that equates disability with health impairment. She and others argued that the definition of disability should be revisited and brought in line with the definition in the UN Convention on the Rights of Persons with Disabilities. (This reads: “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”) The UN approach reflects a social model of disability that puts the focus on environmental barriers rather than individual health.

The Review is also aware of a suggestion raised at an international expert conference that accessibility legislation like Ontario’s should add “aging” to the determinants of physical disability, which now include bodily injury, birth defect or illness. The reason of course is that aging and disability raise the same kind of accessibility issues.

As well, the consultations showed that many people with non-visible disabilities feel left out of the AODA. Some believe this state of affairs could be improved by changing the definition of disability – which now includes physical, developmental, learning and mental disabilities – to cover non-visible disabilities explicitly and mention conditions like environmental sensitivities and dementia.

#### Relationship with Human Rights Legislation

The relationship between the AODA and the Human Rights Code remains an ongoing source of confusion. Organizations worry that despite complying with AODA standards, they may be

found to fall short of the Code's requirement to accommodate the needs of people with disabilities to the point of undue hardship. The government was urged to harmonize the provisions of these two statutes.

One problem cited during the consultations is that the AODA itself, while stating that it does not diminish obligations imposed by other laws, does not explicitly mention the Human Rights Code or the fact that the Code trumps all other legislation. And the IASR, which does state that accessibility standards do not replace the requirements of the Code, offers no sense of what these requirements are.

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*The relationship between the AODA and the Human Rights Code remains an ongoing source of confusion.*

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To explain the complementary relationship between the two laws, one expert observed that the AODA – and the barrier-free provisions of the Building Code – set minimum standards to address barriers for as many people as possible, while the Code imposes a duty to respond to individual accommodation requests, short of undue hardship. Another participant in the consultations commented that the AODA was designed to remove the need for individual accommodation by focusing on inclusion by design. The standards development committee reviewing the AODA Employment standards has expressed the view that the Code seeks to guarantee an outcome – employee accommodation – while the Employment standards require processes and procedures to assist in achieving that outcome.

The Review also heard that the provisions of the Code are “unspecific” and this uncertainty makes employers wary of hiring people with disabilities. Some felt it would be better for public education efforts not to highlight the Code but to focus on compliance with AODA standards.

#### Federal-Provincial Coordination

A further harmonization issue has arisen with the impending enactment of federal accessibility legislation. Stakeholders called on the Ontario government to harmonize AODA standards with the proposed Accessible Canada Act.

Concerns were also expressed that the creation of different accessibility standards in different provinces could result in a patchwork of requirements that will create challenges for businesses operating in more than one province. Again, some form of coordination would be helpful.

#### **Seeking Cultural Change**

Many participants in the consultations underlined that the AODA and accessibility are not the same thing, despite the tendency to equate them in casual conversation. It is widely believed that achieving accessibility will take more than laws and regulations – it will take a massive cultural transformation – a societal change to make accessibility foremost in mind rather than an afterthought. We should focus on the spirit of what we are trying to do, one contributor



observed. The goal is full participation and procedures and processes are a minor subset of that.

A woman from a small town told how someone placed the ticket booth for an accessible dance class in a disability parking space. What's needed isn't so much compliance as what she called "accessibility mindfulness." The aim is to make our communities accessible because it is the right thing to do for our neighbours, friends and families.

In fact, the Review learned that all the recent standards development committees have been talking about non-regulatory measures to reach the goals of the AODA. Some believe the whole regulatory model under the AODA needs a sober second look to focus on solving problems and producing results. The current process is viewed as unfriendly to innovation and risk-taking. From this perspective, government is not the solution but a facilitator, in contrast to the stance that legislation can fix everything. Government's role is to model accessibility in practice and act as a convener to bring businesses and other organizations together to drive change forward.

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*What's needed isn't so much compliance as "accessibility mindfulness."*

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Impaired driving and recycling were mentioned as evidence that attitudes and behaviour can change. One suggestion was to get successful people with disabilities on television and other media so they can inspire today's youth – since Terry Fox and Rick Hansen are from an older generation. As well, political leaders could do much more to promote accessibility through the "bully pulpit." Creative approaches were suggested, such as the Time in My Shoes program in Peterborough that sends people with disabilities to visit schools, post-secondary institutions and businesses to help break down attitudinal barriers. Celebrating success stories could also be a way to recognize accessibility champions and profile good ideas for others to try.

The Review heard it is imperative to repackage or rebrand accessibility in a way people can understand, so they realize it is worth the money and effort required. A seniors' group in rural Ontario spoke for many when it proposed four messages that should be hammered home:

- Universal access benefits everyone – Ramps benefit not just wheelchair users but parents with kids in strollers and anyone who finds stairs an issue.
- Many accessibility measures are not expensive – It costs nothing for a store clerk to ask someone if they were able to find everything they need.
- Accessible workplaces can open up a new labour market – Many qualified individuals have trouble finding work due to accessibility issues.
- People with disabilities spend money – They tell others about accessible businesses, and don't go back to those that aren't.

The business case for accessibility is compelling, but many believe we are missing the leverage of the economy to drive the agenda forward. Various suggestions were offered for articulating the business case more forcefully – ranging from business owners on television touting the value of accessibility, to municipal leaders encouraging businesses to become accessible. It was pointed out that the private sector sets priorities according to money to be made – so the

emphasis in human resources should be put on finding and keeping great talent, not merely complying with regulations. Municipalities across Ontario are striving to become age-friendly communities and view age-friendly and accessibility as essentially the same thing. Many see age-friendly as a softer approach to convincing businesses to make their premises accessible.

The AODA Employment standards were described as building processes that support and normalize workplace accommodation. The aim is to foster a culture of accommodation that will maximize employee contributions to the organization.

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*The business case for accessibility is compelling, but many believe we are missing the leverage of the economy to drive the agenda forward.*

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The educational system has great potential for bringing about lasting cultural change, the Review was told. Accessibility should be built into the curriculum at every level – from elementary school through college and university – so that it will become part of students’ everyday thinking. Government should work especially with post-secondary institutions to incorporate accessibility into professional and technical courses of study – such as architecture, marketing, urban planning, communications, information technology, engineering, health care and education. This will ultimately ensure a work force well versed in accessibility requirements.

Another measure proposed was public education to raise anti-ableism awareness through a new agency to be known as the Disability Rights Directorate.

### **Government Leadership Missing**

Many stakeholders called on the Ontario government to revitalize and breathe new life into the AODA, echoing both the Beer and Moran Reviews. As far as government leadership goes, little has changed. The government largely has been missing in action.

Participants urged the government to recommit publicly to ensuring Ontario will be fully accessible by 2025. Some called on the government to adopt, make public and implement a comprehensive multi-year plan for making this happen. The consultations emphasized that the government must get ahead of the private sector by complying with all standards and leading by example.

The general view is that strong leadership must start at the top, with the Premier, Cabinet and senior officials in the public service. The creation of a Cabinet portfolio for Seniors and Accessibility was welcomed and considered a good fit as the incidence of disability increases with age. Some believe the Accessibility Directorate of Ontario should be reformed so it provides better leadership on AODA implementation and enforcement. Others pointed out that the ADO is wasting money – specifically, funds and time were spent to consult on and develop an accessibility certification body, but this idea was dropped without explanation.

The key in the opinion of many is to take a coordinated “whole of government” approach involving the continued efforts of multiple ministries working with organizations in their mandates to achieve accessibility. That is, accessibility should be made the responsibility of all ministries, not just the Ministry for Seniors and Accessibility. This kind of holistic approach was reported to be getting results overseas, in Australia for example, very much due to the presence of finance officials at the accessibility decision-making table.

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*Strong leadership must start at the top, with the Premier, Cabinet and senior officials in the public service.*

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Administrative changes in the Ontario Public Service were proposed to strengthen government leadership. A single minister should be made responsible for ensuring the OPS becomes a fully accessible employer and service provider, supported by a new position of Chief Accessibility Officer (a full-time deputy or associate deputy minister). Mandate letters from the Premier to ministers should include directions to fulfil accessibility commitments and duties in the purview of their ministries. As well, the government should adopt a comprehensive strategy to ensure that public money is never used to create or maintain accessibility barriers. The strategy should apply to government funds going to the public and private sectors and cover: capital and infrastructure spending; transfer payments; procurement of goods, services and facilities; business development grants and loans; and research grants. Recipients of public funds should be required to comply not only with the AODA but also with the Human Rights Code.

In addition, the government should prepare and carry out a detailed plan for completing the long-promised review of all Ontario statutes and regulations for accessibility problems, and for screening new legislation and regulations in advance for accessibility barriers.

## **Assessing the Standards Development Process**

The process for developing standards through the involvement of people with disabilities, the affected sectors and the provincial government lies at the core of the AODA. The weaknesses in the process were a prime focus of the Beer Review, as outlined earlier in this report. Several individuals taking part in the current process told the Review they feel the problems identified by the Beer Report have been fixed and the process is probably now operating as well as it can. Some observers in obligated sectors agreed the process has significantly improved over the years.

### **Changing the Structure**

In response to the Beer recommendations, the government decided to make the Accessibility Standards Advisory Council responsible for developing and reviewing all standards, and ASAC – sitting as an SDC – conducted the Customer Service review. However, the government then chose to establish SDCs apart from ASAC to undertake further standards development work.

With this decision, one stakeholder observed that we are essentially back to the same uncoordinated system we had with the first five committees. Hence the province should accept the Beer recommendation to transfer the standards development process to an independent Ontario Access Board operating at arm's length from the government.

Some doubts were expressed about the structure of the standards development process itself. It was felt that a process for proposing regulations to government may inevitably become more of a negotiation than a cooperative undertaking. A collaborative conversation is needed, yet the somewhat adversarial structure of the process seems to make this more difficult.

### **Support and Procedures**

The Review was told that ADO support for the recent standards development committees was "more than adequate" and that staff were "amazing" to work with. For example, the selection of members resulted in a Transportation committee that focused on systemic issues rather than personal projects. The ADO also provided useful orientation to explain the committee's role and how the process works, and arranged for technical expertise when needed. Another stakeholder, on the other hand, called on the ADO to provide dedicated staff support for disability representatives on SDCs, and also believed the ADO was attempting to influence the work of SDCs when it should be taking a neutral stance.

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*A process for proposing regulations to government may inevitably become more of a negotiation than a cooperative undertaking.*

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Changes in how the process works were proposed with a view to producing stronger standards. One was to alter SDC voting procedures so that a simple 50 per cent majority can make recommendations instead of the 75 per cent super-majority needed under the current terms of reference. (At least half of the simple majority would have to represent the disability sector.) It was felt that the current approach leads to recommendations that reflect the lowest common denominator. Another proposal was to include a representative of the Ontario Human Rights Commission on each SDC as a voting or non-voting member. As well, human rights awareness training was urged for the Minister, ASAC and SDC members.

Suggestions were made for SDCs to function in a more open and accountable manner. For example, members and presenters at SDC meetings should not be asked to sign non-disclosure agreements, SDC minutes should be more detailed and informative, and opportunities for community groups to present to SDCs should be widely publicized. It was also felt that if SDCs recommend any measures apart from standards, this should be secondary to their core mandate. Another proposal was to ensure cross-disability representation on SDCs – for visible, non-visible and episodic disabilities – as well as people experiencing disability as they age.

The Review also heard concerns about the AODA timelines for the review of standards. Some believe the requirement for review every five years is too rigid and more flexibility is necessary to ensure reviews are relevant, meaningful and evidence-based. At the five-year mark, it was

noted that implementation is often still ongoing and evaluation lacking. For example, when the Transportation standards were reviewed, not all requirements were in effect and there was little information on results of those that were.

As noted above, most Built Environment standards have been included in the Building Code rather than adopted as regulations under the AODA, which leaves them outside the AODA review process. A recommendation was made to apply the AODA processes for standards development and review to the accessibility provisions of the Building Code.

## **No One Listening**

People with disabilities often feel that no one is listening to them. That was a message delivered repeatedly during the Review.

In a medium sized city, public consultations were held two years before the opening of a new recreation facility. People with disabilities asked for bus service directly to the door. What they got was one bus rerouted but that in winter drops people off in an area with no sidewalk. One participant told the Review she was becoming disillusioned about consultation. And another said you can have meetings but things will never change if what is said falls on deaf ears.

## **Impact of Municipal Accessibility Advisory Committees**

Municipal accessibility advisory committees are an important channel for people with disabilities to voice their opinions. The question of whether MAACs are being listened to was a topic of much discussion. Generally speaking, MAACs' influence appears to vary greatly around the province depending on the attitude of the municipal council and the resources available to the committee.

The Review learned that members of one accessibility advisory committee offered to resign because no one listens to the big things, only the small things, and they are "eternally frustrated." The committee looks over site plans, for example, but noncompliant structures are built anyway. In another community, the MAAC gave advice on downtown renewal but never saw the final designs. When the project was finished, the Review was told, it was all wrong. In a third community, the MAAC makes recommendations but the city does what it wants and sometimes does not even consult them.

The Review heard numerous calls for MAACs to be given more authority so their advice cannot be ignored. Better lines of communication between MAACs and municipal councils were also suggested. One option, which is done in some places, is to have councillors sit as MAAC members. Other communities have a process for regular reports from the MAAC at council meetings, with a report-back mechanism on the response to MAAC recommendations and an explanation if they are not accepted.

## Feedback Loops

More generally, several observers felt that more obvious feedback loops could make a significant difference, as a simple way for people with disabilities to let obligated organizations know where they are falling short. Feedback policies are in place in many organizations and often accessible through the web, but many are unaware of this way to reach service providers. Interaction should be fostered between organizations and the public to evaluate progress in terms of on-the-ground experience.

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*Members of one accessibility advisory committee offered to resign  
because no one listens to the big things.*

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It was stressed that since each individual is different, people have to make their needs known to obtain the right accommodation. Others said that, as consumers, people with disabilities should demand more from businesses, since owners don't think of accessibility unless someone asks.

It goes without saying that people with disabilities should be represented in decision-making processes that affect them. The Review was advised that many voices should have a place at the table – including different age groups and people from different walks of life, people with non-visible and with visible disabilities, as well as families and other supporters. Some pointed out the need to build the capacity for participation by compensating people with disabilities for their time, energy and expertise.

The Review heard proposals to tap information from feedback processes to drive change and innovation. For example, organizations could be required to publish aggregate data on complaints they receive and how they were resolved. Or the government and the public sector could summarize feedback in their accessibility plans and progress reports, showing action taken or reasons for inaction. It was also suggested that the Human Rights Tribunal of Ontario could classify and catalogue complaints in order to pinpoint where stronger standards are needed. As well, the municipal sector urged the government to aggregate data from compliance reports and share the findings to support continuous improvement efforts.

## Barriers and Ways to Fix Them

The majority of the input to the Review came from people with disabilities discussing the barriers and challenges they face in everyday life. Many of the individuals who came forward spoke in only a tangential way about the AODA. Their main concern was real-world problems. They were looking for ways to take barriers down and often had solutions to propose, through the AODA or other means. The comments on barriers were extensive, so the section below can present only an overview of the main points.

### Gaps in Current Standards

Some stakeholders believe that the existing accessibility standards should be strengthened across the board. It was underlined that, apart from website requirements, standards so far speak to preventing barriers going forward, with very little on removing existing barriers. In particular, AODA standards should measure up to the reasonable accommodation requirements of the Human Rights Code and be amended through the five-year review process where they don't.

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*Apart from website requirements, standards so far speak to preventing barriers going forward, with very little on removing existing barriers.*

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One stakeholder called on the government to establish an SDC to review the general provisions in the Integrated Accessibility Standards Regulation, since no SDC appears to be doing this. One specific suggestion was to strengthen the requirement for the provincial government and the public sector to incorporate accessibility features and criteria in procurement by closing the “except where not practicable” loophole. Another idea was to extend the accessible procurement provisions to private sector organizations. Expanding the requirement for multi-year accessibility plans to cover small private sector organizations – and not just the government, the public sector and large private sector organizations – was also proposed.

### **Built Environment Barriers**

While the majority of the input to the Review concerned accessibility barriers, the majority of the comments on barriers concerned the Built Environment.

I began a couple of the early consultation meetings by showing a video of the new Student Learning Centre at Ryerson University in downtown Toronto, filmed by the AODA Alliance, a disability advocacy group. Much discussion of built environment barriers ensued, but I began to wonder if I was stimulating this with the video. However, in subsequent sessions similar points were raised without prompting from me, confirming my impression that the built environment is now the number-one issue for Ontarians with disabilities.

The Ryerson video revealed a host of accessibility barriers confronting people with low or no vision or mobility disabilities, such as:

- Concrete columns obstructing staircases
- Jagged edges on railings
- “Hangout steps” without ramps or railings
- Angled staircases
- Glass walls with no railings or color markings
- Ramps taking a zig-zag path
- No braille or incorrect braille on some signs.

In the conversations on the video, the Review was advised that plans for this building were largely in compliance with the Building Code when the permit was issued and that changes to

the Code effective in 2015 would have made very little difference. The Ryerson example was cited as one of many demonstrating that Ontario's standards for accessibility in new buildings are inadequate.

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*The reality is that Building Code provisions are only aspirational, with much left to interpretation.*

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As one expert explained, and other participants concurred, we need evidence-based design developed through discussion with people with disabilities. However, the provincial Building Code's barrier-free requirements have not been developed in this way.

The reality, the Review was told, is that Building Code provisions are only aspirational, with much left to interpretation. In fact, there are many building codes around in Canadian and international jurisdictions. Almost two decades ago, the City of London developed Facilities Accessibility Design Standards (for city facilities) that are more rigorous than the provincial Code and made them available for free on the internet. It is estimated that perhaps 100 municipalities across the province have adopted these standards to some extent, accepting some provisions and discarding others. The result is that each municipality seems to have its own version of accessibility, sometimes leaving building owners uncertain which code the building inspector will apply.

The Review heard that the procurement system itself is part of the problem. The bidding process gives much more weight to cost than to accessibility. Fearing to lose bids, developers do the bare minimum, "dumbing down" their designs to the Building Code requirements. To further accessibility, one participant observed that we should be asking if designs comply with the Human Rights Code as well as the Building Code.

Some specific changes to the Building Code were proposed, including:

- Define the concept of "significant retrofit" more broadly to make more buildings accessible.
- Allow more flexibility in applying Building Code standards to existing buildings – in response to denial of a permit to an office that wanted to install an accessible washroom that "would do" but did not meet currently required dimensions.
- Update the Building Code to improve accessibility for those with sensory, mental health and learning disabilities.
- Remove exceptions for renovations to heritage buildings – and allow modifications for accessibility just as they have been allowed for modern advances such as fire alarm systems and indoor plumbing.

### Public Infrastructure Projects

Everyone seems to agree it makes sense to improve accessibility in the public sector first, but in fact the opposite is happening as inaccessible facilities are still being built with public funds. In Thunder Bay, for example, the Review learned of a viewing tower for a new bridge that was



designed with no elevator. A man who uses a wheelchair was particularly annoyed that he could not use a structure paid for with taxpayer dollars.

Participants in the Review were adamant that public money should not be used to create new barriers and many felt developers should be required to exceed minimum accessibility requirements where government funds are involved. Some called for a monitoring process to see that no new barriers are built, bringing the right people to the table to review plans through an accessibility lens.

Going into more detail, an advocacy group proposed substantial reform of the way public sector infrastructure projects are managed and overseen, including major changes at Infrastructure Ontario. Accessibility advice should be obtained on all major projects at the beginning – during master planning, feasibility studies and functional programming. This should be based in part on consultation with people with disabilities. The accessibility recommendations should be made public and any decisions to reject them should be tracked and publicly reported, identifying who made them and why. Post-project accessibility inspections should also be done, with the builder responsible for fixing any deficiencies uncovered. As well, the Provincial Auditor should audit accessibility practices at Infrastructure Ontario and recommend reforms to the way the agency approaches planning for accessibility in infrastructure projects.

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*Inaccessible facilities are still being built with public funds.*

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A submission from staff at a large municipality pointed out how challenging it is to get everything right on construction projects. “It seems we should be able to just do it,” they said, but since it is not possible to monitor everywhere at all project stages, this can’t be guaranteed. The project isn’t actually tested until the public comes to use the facilities and everyone is learning in the evolving field of accessibility.

### Design of Public Spaces

Despite the Design of Public Spaces standards, barriers are still being created in new public spaces, as several examples illustrated. A small town rebuilt its main street but made accessibility worse – obstructing the path of people with disabilities by putting 10-foot planters in front of buildings where they live and shop, and removing a convenient crosswalk. A larger community plans to put bricks on downtown sidewalks, making passage for scooters and wheelchairs more difficult. As well, a community group questioned the use of roundabouts as traffic calming areas as they are hard for people with disabilities to navigate safely.

In some cases, the regulations are creating new barriers for some people while trying to make improvements for others. Tactile plates required at curb cuts for pedestrian crossings to assist people who are blind were said pose a barrier for those with mobility devices. Power doors with buttons that have to be hit work for some people but not for all. In playgrounds, wood chips are considered an accessible surface but in fact they keep wheelchairs from getting through.

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*“A playground should be for everybody!”*

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The Review heard of an accessible playground where only the simplest equipment was actually wheelchair accessible, prompting the plea, “A playground should be for everybody!” To avoid this kind of problem, a stakeholder group called for municipalities to consult with parents of children with disabilities and parents with disabilities when constructing or redeveloping outdoor play spaces, as well as MAACs as currently required.

A rural municipality advocated adding an “undue hardship” exception to the entirety of the DoPS standards. It also suggested tailoring the play-spaces standards to the circumstances of smaller communities. This could be done by using a population-based calculation to determine the number of accessible playgrounds needed, rather than creating new accessible playgrounds within every new or redeveloped play space.

Accessible parking remains a concern. The Review frequently heard that there are not enough accessible parking spots and the need is increasing as the population grows older. Other issues were the location of accessible spots – sometimes quite far from the building entrance – and the tendency to place spots for plug-in vehicles closer to the entrance than the accessible spots are.

### Persistent Barriers

Apart from new barriers, the Review was told of a litany of existing, ongoing obstacles in the built environment.

A man who uses a mobility device has almost stopped going out due to stores and government offices where he can’t get in the door. At least half the stores on the main street of a small town are inaccessible. Some restaurants in Toronto and many other communities have accessible entrances and washrooms, but others do not. In Ottawa it took five years for a mall to install a ramp – sending a message, as one speaker at the Carleton session put it, that people with mobility disabilities are not worthy of their business.

Many participants spoke of barriers to doctor’s offices and health clinics – such as stairs, doors without openers and steep ramps. One woman explained how staff in a medical office have to run out of the building to place a rolled-up carpet in front of a step, so her scooter can get over it. University students using wheelchairs find they can’t go some places due to missing ramps, narrow doorways and inaccessible washrooms – and the list of inaccessible places grows longer in winter as snow is sometimes not cleared promptly. Moreover, the Review heard that some municipal by-laws appear to contradict the spirit of the AODA as they prohibit entry ramps that impinge on sidewalks.

Often places that claim to be accessible still have barriers. An accessible route may be too long for a person with low energy. Automatic door openers sometimes lead to steps, or may be located too far from the door – or not work at all. Facilities may have accessibility equipment like transfer boards but staff do not know how to use it. A swimming pool may have a lift but the

change room is not accessible. There may be a door opener, but it turns out the restrooms are too small to turn a wheelchair around – or a school with an accessible entrance may have an inaccessible bathroom, making it necessary to lift a child to use it. The point is: the whole experience must be accessible.

### Retrofits

It is obvious that prevention of new barriers in the built environment will not lead to an accessible Ontario by 2025 or for generations. Retrofits to existing buildings will be essential.

The Review was told the issue of retrofits often comes up at MAAC meetings. Some municipalities have accessibility capital budgets to phase in improvements and maximize results for dollars. Often the place to start is with low-hanging fruit like automatic door openers, then washrooms. Hospitals are inherently intended for people with disabilities and older buildings are being retrofitted as far as possible given the funds available. The Toronto Transit Commission has an accessibility plan that is phasing in elevators and accessible subway stations with work to be completed by 2025.

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*Many stressed that architects should not have free rein to create new barriers and characterized inaccessible design as discrimination.*

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The Review heard calls to develop a comprehensive Built Environment standard to improve access to all buildings, not just new or renovated ones. One proposal was to phase in a requirement for one accessible building entrance on a barrier-free path of travel to a universal accessible washroom, with organizations demonstrating financial hardship given more time. A further suggestion was to direct the SDCs now at work to make recommendations for built environment standards in the sectors they are examining.

### Training of Architects

Time and again, stakeholders insisted that a fundamental problem with accessibility in the built environment is the training of architects, interior designers, landscape architects and other design professionals. The educational system is responsible for turning out architects who understand accessibility, yet it appears inclusive design is not being taught in schools of architecture. Accessibility seems little more than an afterthought in architectural training.

Many stressed that architects should not have free rein to create new barriers and characterized inaccessible design as discrimination. Some felt people with disabilities should spend less time criticizing building owners and more time criticizing architects. Architects, the Review heard, see accessibility as a niche market that can be charged additional fees.

Participants said the government should require the bodies that regulate or license architects and related professionals to mandate detailed training on accessible design to qualify for a licence – as well as including accessibility in continuing professional development programs. In

addition, as a condition of funding, any college or university that trains these professionals should include accessibility and universal design in the curriculum. The aim is to ensure that no new graduates in these fields make same mistakes as those now in practice do all too often.

### Community Action

People with disabilities are taking matters into their own hands to address built environment barriers, the Review was told. A woman living with muscular dystrophy founded an app called Access NOW that rates the accessibility of venues in Toronto and other communities. It uses crowd-sourcing to pinpoint the accessibility status of locations on an interactive map and enables users to search for the accessibility features they need.

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*People with disabilities are taking matters into their own hands to address built environment barriers.*

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A man who sustained a spinal cord injury co-founded the StopGap Foundation that provides custom-made portable ramps to businesses at little or no cost in Toronto and elsewhere. Ramps to close the gap between the street and elevated doorways are made by volunteers with materials donated by retailers and can be requested through the STOPGAP.CA website.

### **Information and Communications Barriers**

We live in the Information Age and contributors to the Review pointed out that the digital environment is fast becoming as relevant to accessibility as the built environment.

### Accessible Formats

Stakeholders observed that a wide range of formats are vital to make information accessible – such as braille, readers, large print, sign language and more. In particular, it was noted that many organizations do not understand strategies and technologies for communicating with Deaf and hard-of-hearing people. The business sector especially does not know how to use interpreting or speech-to-text transcription services. And access to intervenor services is necessary to remove communications barriers for people who are deafblind.

Concerns about government communications were raised. One participant said government should revisit intake forms for various programs to ensure they are fully accessible using currently available special-needs software, and also make sure all forms can be easily found online. The dialog on Open Government was said to have been conducted through social media and online discussion forums that were inaccessible to blind Ontarians. The Ontario Disability Support Program (ODSP) should create a digital method to report earnings so people who are blind or with low vision do not have to get someone else to fill out a paper form for them.

### Websites and Technology

Experts advised the Review that nearly three quarters of Canadians spend three to four hours a day online – and nearly three quarters rely on mobile devices to access the internet. So it is a major concern that many organizations are having problems implementing s.14 of the IASR, on websites and web content. Some find that the standards are very difficult to meet since common office programs seem unable to create accessible documents. The standards require organizations to comply with various Web Content Accessibility Guidelines (WCAG) criteria, but even industry experts have different interpretations for some of these criteria.

A large municipality said it was striving to provide a website experience on a par with commercial organizations, but is finding visual supports like dynamic maps challenging to make fully accessible. It also noted that it is almost impossible to claim full WCAG conformance at any given time. Under the rules this must be done on a page-level basis and content is continually changing on a website with more than 20,000 pages.

Currently, s.14 obliges public sector organizations and large private sector organizations to ensure that their websites and web content comply with level AA requirements under WCAG 2.0 by January 1, 2021. However, these WCAG guidelines were introduced in 2008 when the first iPhone had just been released; they focus primarily on websites and content accessed by desktop or laptop computers. WCAG 2.1, released in June 2018, addresses web accessibility through mobile devices as well as accessibility for people with cognitive and learning disabilities and also adds more criteria for people with low vision. Stakeholders urged the SDC now reviewing the Information and Communications standard to recommend changes that incorporate requirements from WCAG 2.1, which reflect advances in technology over the past decade. It was noted that the new guidelines are an extension of WCAG 2.0, so websites complying with WCAG 2.1 would also comply with WCAG 2.0.

Overall, participants underlined the challenge of aligning standards with website designs and digital applications that are constantly and rapidly changing. Reaching WCAG 2.0 AA will not be enough to reach accessibility by 2025. And after 2025, some felt that standards should reflect then-current WCAG guidelines, not lag behind by five years or so.

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*Participants underlined the challenge of aligning standards with website designs and digital applications that are constantly and rapidly changing.*

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In response to this challenge, a municipal stakeholder proposed a new approach to the regulation of websites. Instead of absolute conformance with WCAG standards, organizations should be required to develop an accessible website plan, policy, procedures, procurement process and training program. These steps would demonstrate how WCAG standards and other accessible best practices – as such as including people with disabilities in user-testing – have been embedded into the organization’s core functions and culture. At the same time, the WCAG requirements could still serve as criteria for measuring progress.

The Review was informed that the Information and Communications SDC is working on a new approach that would enable the regulatory system to keep up with rapidly evolving technologies and formats. Details have not been made public as this report is written.

The emphasis on staff training was echoed by others who pointed out how complex website development and replacement projects can be. Courses for this purpose have been developed through the Enabling Change program and the government was urged to make further investments in this kind of specialized training module.

Some participants noted that intranet (internal) sites are not required to meet WCAG standards as internet websites are. This allows employees to avoid making documents accessible unless they are going to be posted on the website.

### **Employment Barriers**

Many people with disabilities told of the challenges they face in getting jobs and obtaining workplace accommodation. A recent graduate, for example, had two interviews but then came to realize that potential employers were not accessible and were not enthusiastic about accommodating her needs.

In recruitment, organizations now expect people to come to them, often online. Instead, outreach methods should be required, the Review heard, recognizing that web applications are too complicated for some. Others proposed requiring job advertisements to be offered in accessible formats and posted on accessible websites.

A non-profit organization reported difficulty funding accommodations for potential employees when its core budget has not increased for years. It is possible work around expensive accommodations such as washrooms, but this is not desirable.

Medical time off was another question that arose in the employment context. It was felt doctor's notes should be given more weight, whether requesting time off for medical appointments or reducing workloads for health reasons.

One stakeholder urged the government to direct the Employment SDC to expand its efforts and develop recommendations to remove and prevent specific workplace barriers – such as those in job descriptions, the built environment, the choice of location for off-site events and office furniture and equipment.

### **Customer Service Barriers**

Though the Customer Service standard was the first on the books, barriers facing consumers with disabilities remain commonplace. Many restaurants, stores and other facilities often dismiss

requests for accommodation, the Review was told by a MAAC from a small community and by many others. In particular, technology available today can address virtually every situation where people with hearing impairments may need assistance, so there is no excuse for barriers. In the hospitality sector, a senior with a disability who travels a lot finds hotel beds 30 inches above floor hard to get into from a wheelchair, yet these rooms are often described as accessible. And participants observed that very few self-check-out machines are accessible to someone using a wheelchair.

One stakeholder called on the government to launch the next review of the Customer Service standards now, since they are still weak despite revision in 2016. A proposed change concerns the provision – which goes back to the original standard – allowing service providers to require a customer with a disability to bring a support person where the health and safety of the person with a disability or others is at risk. This clause was viewed as a new barrier that should be eliminated. Other suggested revisions to the current standard include such low-cost measures as:

- Designating an employee to ensure accessible customer service is provided, and that complaints about accessibility are heard and resolved.
- Communicating by diverse and adaptable methods.
- Posting signage about scent-free policies.
- Ensuring accessibility of cash registers or tills with price displays.
- Providing accessible restaurant menus.

There were also calls to broaden the scope of the Customer Service standards so fewer small organizations are exempt from some requirements. For example, it was noted that under the current standard, businesses and non-profits with at least 20 but fewer than 50 employees are no longer obliged to document their accessible customer service policies and make them public.

The demise of full-service gas stations has created new barriers. A woman explained that her husband, who is paraplegic, has been independent in his car for decades. She talked to a self-service gas station to inquire about who would pump his gas. No employee was assigned this task but the owner said he was sure someone else buying gas would help. Where is the customer service in this, she wonders?

### Training

Training on Customer Service and other AODA requirements was widely viewed as “underwhelming” and should be revamped with input from persons with disabilities. The current lessons were said to consist largely of common sense advice like don’t leave a person sitting in a wheelchair behind a closed door. The Review heard that training adds up to only four hours and can be taken through an online link in 15-minute increments during the lunch break – and no one checks if you pass.

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*Training on Customer Service and other AODA requirements was widely viewed as “underwhelming”.*

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The consultations offered various ideas for improvement. Some suggested that training should be tailored to the sector rather than one size fits all, while others felt that specific training should be provided for specific jobs. It was observed that the training is often not internalized and should be repeated at least every two years. Large organizations should treat AODA training like mandatory safety training with certified trainers and a detailed list of required content. Training should address the types of accommodation generally required by people with disabilities, such as how to interact with them and how to assist with filling out forms. Training materials should be culturally sensitive and work with perspectives on disability from diverse backgrounds. To address attitudinal barriers, the content should include information about under-representation of people with disabilities and the barriers they experience.

As well, more e-training modules on customer service would be helpful and the government should provide more visual tools to businesses, especially smaller ones, so employees get a strong idea of why we are doing this. A further idea was to create a formal training validation system. People with disabilities could be employed to evaluate the effectiveness of the training provided, and establishments could post a placard or sticker confirming satisfactory results.

In addition, a MAAC from a small community suggested that the requirement to train volunteers should not apply to those volunteering for just a single day.

### Service Animals

Some of the most contentious issues brought to the Review involved service animals. It was reported that many people with service animals are having trouble entering businesses and other public venues – in direct violation of the Customer Service standards. For example, a retired combat veteran and paramedic, who has been diagnosed with PTSD, was denied entry to a café patio with his dog that has had years of training. Other individuals complained of taxi drivers refusing service animals for fear saliva could get on them.

Some participants observed that the introduction of emotional support animals, which are considered service animals based on a health care professional's note, have led to an epidemic of untrained "fake" service animals that are out of control. This gives all service animals a bad name, makes business owners wonder about their responsibilities and leads some to exclude all service animals.

The Review heard calls to change the law so that all service animals must be trained to assist their handler to perform tasks that mitigate disability without being disruptive in a public environment. Training could be provided by the handler, but all animals should have to be tested and certified by a third party. A doctor's note should not be treated as proof of service animal status, but rather as a recommendation to seek formal obedience training for the animal.

Another proposed revision to the standards was to add conditions under which a business can exclude a misbehaving service animal – for example, if the animal is aggressive or disruptive or



not housebroken. It was also suggested that animals in the process of training should be allowed to enter the same premises as service animals can, subject to the same behavioural restrictions.

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*The Review heard calls to change the law so that all service animals must be trained.*

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Verification requirements also sparked debate, with some stakeholders contending that a person with a disability should not be obliged to use an identifying piece of service animal equipment or carry a formal health letter. If it is not obvious that the animal is a service animal, the business should be allowed to ask and should accept credible verbal assurances.

Not everyone agreed, however. One individual said he believes a doctor's note requirement is better than certification, which creates financial and distance barriers. He would also prefer to require a doctor's note even if the animal is clearly marked because vests, harnesses and patches are easy to come by. A community group felt that service animal handlers should be required to carry proper identification from either an accredited training school or from government.

A woman with a mental health disability explained that she handles a service rabbit that is trained to do pressure therapy and retrieve her medication. She felt it would be a shame if service animals were restricted to dogs as seems to be happening in other provinces.

The presence of service animals in schools was another issue that arose. The Review was advised that each school board now decides on its own whether to permit service animals in the classroom. Autism assistive dogs are reportedly being refused despite the benefits of calming children, helping them focus and keeping them safe. Boards apparently fear the dog will distract other children and it will fall to the teacher to look after the animal.

### **Transportation Barriers**

At the London session, the Review was told that an accessibility advisory committee held an open house to seek input on what the municipality should do to improve accessibility. The top issue was transportation. The reason is perhaps obvious: if you can't leave your home, there will be no job, recreation, shopping or other opportunities. Better transportation requires money and leadership, stakeholders in several communities emphasized.

Across the province, current transportation services received mixed reviews. One participant believes the TTC is one of the most accessible transit systems in the world. More generally, many felt that transportation accessibility overall has improved under the AODA. And it was observed that the public transportation mindset has changed from a preoccupation with compliance costs to a focus on improving service for everyone.

On the other hand, some of those consulted were very dissatisfied. One individual noted that few Toronto subway stations are accessible and, in those that are, elevators and escalators often don't work. An advocacy group called on the government to convene a summit with leaders from the disability community and the transportation sector to come up with substantially stronger reforms to the Transportation standard than those the Transportation SDC has recommended. The current standard should be revised to spell out which barriers must be removed and when – for example, setting specific requirements for public transit stations and increasing the size and number of mobility devices transit vehicles can accommodate.

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*Specialized transit users spoke of spending long wait times on the phone booking rides, often to find out there was nothing available.*

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In a major GTA transit system, the Review heard that next-stop indicators on buses often malfunction and drivers do not call out stops when this happens. Bus drivers in some communities were said to be untrained or insensitive or both – unwilling to lower the floor for people who have trouble walking or not lining the bus door up with the platform.

Priority seating in some places is not working out as intended. Despite clear signage, seats intended for wheelchair access are being taken up by able-bodied people, baby strollers and even grocery carts. And drivers apparently are not permitted to ask riders to give up their seats or fold up their strollers. As a result, people with disabilities are forced farther back on the bus or left at the bus stop. Municipalities were urged to bring in and enforce stronger rules around priority seating.

Some concerns seemed to have more to do with the general shortcomings of public transit – with calls for more flexibility and options regarding routes and schedules. Another idea was for GO Transit to introduce pre-boarding of trains by people with mobility devices, white canes or service animals, to enhance access and safety.

A municipality suggested amendments to AODA standards to mandate the same accessibility requirements for ride-sharing services as for taxis. Similarly, a community group proposed that municipalities in the future should license only accessible taxis and ride-sharing services and require training for drivers, business owners and employees.

### Paratransit

Specialized transit users spoke of spending long wait times on the phone booking rides, often to find out there was nothing available. This was said to make getting to work on paratransit a nightmare. Others told of being advised to book two weeks in advance to guarantee service at a certain time on a certain date – despite the AODA standard requiring same-day booking where available, with no more than a day's advance notice required otherwise. As one rider put it, "Equal access does not mean a person has to plan their entire lives for the ease of public transit." The underlying problem appears to be that there are not enough paratransit vehicles on the road in many communities.

The Review learned of a specialized transit system that does not offer weekend service while conventional transit does, despite AODA regulations requiring comparable service. Speeding up the application process for temporary paratransit service on emergency or compassionate grounds was also suggested. This should take no more than two business days, whereas the current regulation merely says earlier than 14 days.

### **Barriers Facing People with Environmental Sensitivities**

People with environmental sensitivities report seeing no benefit from the AODA. If they request that scents, fragrances or other products not be worn in workplaces or places where services are provided, the reaction is often disbelief. Some organizations may say they are striving to be scent-free, but that does not make it so at public events. Though warning signs about chemicals and fragrances are often posted in hospitals and other health care settings, they are rarely enforced.

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*People with environmental sensitivities report seeing no benefit from the AODA.*

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Safe housing is described as the primary medical need of people with ES but is virtually impossible to find, leading in some cases to homelessness. Even with a somewhat accessible home, a woman told how she has to remain housebound due to barriers outside. Many people are forced to ask if every service or thing they need is safe to access – an exhausting task. An Ottawa woman related how she could not be hospitalized with a life-threatening condition as no area hospital would accommodate her needs. Individuals at the severe end of the spectrum end up losing their families and living in isolation without support for basic survival. In moderate cases, employees give up careers because of lack of workplace accommodation and students cannot go to school.

A public education campaign was suggested to portray the impact of these disabilities on a person's life. As well, the government was urged to implement the recommendations of the Interim Report of Ontario's Task Force on Environmental Health (July 2017). This called for action to increase understanding and recognition of these conditions and lay the groundwork for a patient-centred system of care, including making hospitals and long-term care homes safe for these patients.

### **Education Barriers**

A number of families of children with disabilities told the Review that the education system is badly broken from their perspective. Even though the system is funded by the province, there has been little progress with accessibility. Toronto, for example, was said to have few accessible schools. And a recent report by the Ontario Human Rights Commission has outlined serious accessibility barriers in elementary, secondary and post-secondary education.

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*Families of children with disabilities told the Review that the education system is badly broken from their perspective.*

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At the Grandview meeting, parents spoke of inconsistencies across the school system. Different boards have different categories for determining who gets an Individual Education Plan, and the number of educational assistants seems to vary greatly from board to board. One family decided to move their home so they could change school boards because a doctor said their son was educable but the school acted like he was there to be babysat. A mother phones the school board's special-needs office every day to prevent the school from "mainstreaming" her child so an EA can be shared. Another parent told of having to "fight for everything" when a school resisted giving her child an IEP.

### Students with Dyslexia

The Review was informed that students with dyslexia form the largest cohort of special-education students – approximately 40 per cent. Yet stakeholders say the Ministry of Education has not adopted evidence-based instructional methods that would make learning to read accessible to these students. They believe these methods help all struggling readers no matter what the cause and make learning-abled students better readers.

Moreover, the ministry does not require training of either classroom teachers or special-education teachers in how to identify dyslexia, how to teach evidence-based reading to children, or how to remediate reading in students who are dyslexic. In fact, in 2014, the ministry removed the term "dyslexia" from its policy on the larger category of learning disability, a step that is out of step with global trends. Proposals to make the system more accessible include rewriting the curriculum for the early grades, producing a dyslexia handbook for teachers like the one for autism spectrum disorder, and screening all incoming kindergarten students for risk of dyslexia.

### Intractable Barriers

Attitudinal barriers remain intractable at both the K-12 and post-secondary levels, the Review heard. Stigma still surrounds mental health disabilities, the largest category requiring accommodation in post-secondary institutions, as well as learning disabilities, which rank second.

A post-secondary student told how the university limited her use of an accessible study space in a lab to three hours at a time because of demand, instead of expanding the space. The Review was also informed that a shortage of interpreters and captioning services is leading institutions to hire interpreters with poor skills and subject matter knowledge, affecting students' ability to participate and leading some to drop out.

A high school graduate who withdrew from college described her disappointing educational experience. She is not physically capable of handwriting, but in high school was not given an EA and though she was promised notes and lesson plans would be scanned for her, they weren't.

The school gave her a science credit without having to attend any classes so she could graduate. She went to college in animal care where she says she spent four semesters learning how to write résumés and covering letters before leaving the program. She feels she should have been more of a squeaky wheel.

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*Universal design for learning is beginning to catch on in Ontario schools.*

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In a more positive vein, the Review was advised that universal design for learning is beginning to catch on in Ontario schools. This is a student-centred approach that offers flexibility in the way courses are designed as well as accessible learning formats with an emphasis on digital technology. And a post-secondary institution reports it has built accessibility into its online course development process so that every new course will be accessible.

The Review received a submission about a novel form of accessible education from a student living in a hospital. While physically unable to get to the classroom, he was able to participate in live classroom sessions through digital technology, most of which was in his hospital room. This differs from distance education, where students are not in a traditional classroom with teachers and other students. He found his experience as a “virtual student” rich and rewarding and believes that this learning option should be available to any student on request.

#### SDCs Ready for Work

As noted earlier in this report, SDCs were created for K-12 and Post-Secondary Education by the previous government but their activities were suspended for the election period and have not resumed as of this writing. Many stakeholders called on the current government to lift the freeze so these groups can get back to work. Some stressed that the committees should concentrate on non-regulatory accessibility measures, as these will get results faster.

Before halting work, the two committees decided to collaborate on issues of common interest, such as transition planning for students moving between school systems or into employment or community living. The Review heard suggestions for the committees to keep students with autism or other non-visible disabilities in mind, and also to consider the needs of parents with disabilities, such as accessible communication formats at parent-teacher meetings.

#### **Health Care Barriers**

Like the Education SDCs, the Health Care SDC stopped work prior to the provincial election. The Review heard numerous calls for the government to lift the freeze on the committee’s activities. The government was also urged to modify the committee’s scope to ensure it addresses barriers throughout the health care system, not merely or primarily in hospitals.

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*Many stakeholders called on the government to lift the freeze on the Health Care and K-12 and Post-Secondary Education SDCs.*

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Medical equipment was a topic of discussion. A man with a spinal cord injury told how he finds transfers to the examining table chaotic, ramping up his anxiety, as staff scramble to get a lift sling in place. A major hospital in a large city has three sites, but some accessible equipment is not available at all three. In fact, the Review heard, some equipment is not even offered on the market, pointing to a need to work with manufacturers.

Comments suggested that the health care standard address such issues as:

- Accessible examination rooms including lifts and adjustable beds.
- Long waiting lists of years for services in the community, so people with disabilities are forced to remain in inappropriate and more expensive medical settings.
- Long waiting lists for attendant services in the community and palliative care.
- Accessible washrooms in hospitals, nursing homes, clinics and doctors' offices.
- Sector-wide customer service training on disability awareness and sensitivity – including information on the interaction between various disabilities and medical conditions, the stigma surrounding mental illness, and the interplay of different disabilities.

People with non-visible disabilities should be kept in the forefront in drafting the health care standard, the Review heard. To communicate effectively, these patients often need more time, the presence of others to support them, and different ways of explaining information beyond standard print.

### **Residential Housing Barriers**

The severe shortage of accessible, affordable housing was brought to the Review's attention. A woman in northern Ontario told of waiting 14 years for an accessible apartment, much longer than able-bodied people have to wait for housing. During that period several totally inaccessible apartment buildings were constructed in the community. Waiting lists for accessible, affordable apartments in large cities in the south were said to reach 10 years.

At the Grandview meeting, the mother of a nine-year-old with cerebral palsy explained how she can't get a wheelchair into the bathroom of her apartment, so has to lift the child. She can't afford to buy a house in today's market, and even if she could, newer houses leave little land for ramps and often have more than one storey while older bungalows have small washrooms. Another participant said she could not find a single accessible rental unit in Oshawa, while yet another found barrier-free condos there but said they were far beyond the means of someone on ODSP. And a university student observed that people who ask for proper accommodation in housing – e.g., automatic doors or lower cabinets – are ignored.

### **Solutions Advocated**

One stakeholder advocated a comprehensive government strategy to address what was termed a growing accessible housing crisis and many participants called for bringing homes within the scope of accessibility legislation. The government was urged to repeal the exemption of houses

from the barrier-free regulations of the Building Code and create a residential housing accessibility standard based on universal design.

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*Universal design implemented at the planning stage was seen as the most cost-effective and simplest way to ensure homes can respond to residents' changing abilities.*

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Some pushed the view that a certain percentage of accessible homes should be mandatory in every new apartment building, condominium or subdivision. This would go beyond the current requirement under the Building Code for at least 15 per cent of suites in multi-unit residential buildings to be visitable. Others felt that basic accessibility should be required in all newly constructed housing and especially housing built with public funds. This would include provision for future installation of elevators and other accessibility features, as well as easy access to the main floor for visitability.

Universal design implemented at the planning stage was seen as the most cost-effective and simplest way to ensure homes can respond to residents' changing abilities. The Review learned that the Canada Mortgage and Housing Corporation has conducted a research project on the cost of accessibility features in new homes. A series of home designs were produced that could be modified over time based on occupants' changing needs, without major upgrades. The additional costs of making newly constructed homes accessible or adaptable in the future were found to be 6-12 per cent of the cost of standard construction, depending on the model and the city where the home would be built. Though not insignificant, these costs were much less than it would cost to convert an existing dwelling to make it accessible.

A further suggestion was for the government to reinstate a program that ended about 20 years ago, providing \$20,000 for home modifications, some recalled. It was pointed out that this funding could enable seniors to remain at home as they age, or allow families to take care of older children with disabilities instead of having to place them in a facility.

### **Proposals for Further Standards**

Looking ahead, stakeholders urged the government to consult promptly with the public, including people with disabilities, to determine what additional standards should be developed. SDCs should then be created for the sectors chosen.

In addition to Residential Housing, there were a number of specific proposals for new standards:

- Electoral and Political Processes
- Sport and Recreation
- Tourism
- Goods and Products.

Municipalities contended that the government should not develop any new standards or significantly revise existing standards that would further obligate the municipal sector. It was felt

that the current standards are comprehensive and still in the process of implementation. The municipal sector does support the government's previously announced plan to develop Education and Health Care standards.

Regarding the electoral process, one advocacy group called for a comprehensive accessibility strategy. This would be based on an independent review of barriers facing voters and candidates with disabilities in provincial and municipal elections.

## Enforcing the AODA

As was the case with the Moran Review, enforcement was one of the most prominent issues during the consultations. A solid consensus exists that enforcement of the AODA must be strengthened significantly to achieve an accessible Ontario. The AODA was referred to as a "toothless tiger" and not worth the paper it is printed on without compliance. One participant said the law has teeth, but they are not being used. The way the AODA is enforced now was compared to telling drunk drivers about impaired driving laws and asking them to obey, or trying to enforce speed limits without radar. The comment in the Moran Report that lack of visible enforcement is a critical impediment holding Ontario back from achieving accessibility was cited more than once.

Participants offered various ideas for improving enforcement. More inspectors and more on-site inspections were suggested, along the lines of the Ministry of Labour's inspection program. People with disabilities could be employed to accompany inspectors and help spot problems. Organizations should have to submit proof of how they have complied, not just a checklist claiming they have done so, while all requirements should be enforced, not just the obligation to self-report. On-site inspections should cover the actual accessibility of workplaces, goods, services and facilities – not just paper records. Another idea was to give inspectors and investigators under other legislation a mandate to enforce the AODA when they visit an organization's premises.

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*Tough penalties were considered the best way to get people paying attention.*

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Several participants pointed out that fines imposed should be more than just a cost of doing business: they should make a real impact on the operation. Tough penalties were considered the best way to get people paying attention, as the recent increases in fines for distracted driving demonstrate. Business seems unsure that the government is all that committed to the AODA, so strict enforcement is imperative to send the message that the government is serious.

Municipalities advocated stronger enforcement in the private sector. Residents are pressuring them to respond to local accessibility problems, perhaps by imposing fines when power door openers do not work, but most municipalities feel this is outside their jurisdiction. MAACs in particular are receiving many complaints about businesses. One municipality said it inserted a



line about AODA compliance in an agreement to license an outdoor patio, but has no way to police it.

### **Compliance Data**

Stakeholders pointed out that data released by the ADO shows that compliance is weak or unknown. More than half of businesses and non-profits did not file compliance reports as required. Moreover, ADO audits of selected private sector organizations in 2016 and 2017 found that around one third had not met obligations to prepare multi-year accessibility plans or provide staff with accessibility training.

Some participants believe that more enforcement data should be published – including the names of violators – to deter noncompliance. Specifically, one stakeholder called on the government to release detailed information on AODA enforcement actions at least every three months. This should disclose how many organizations are actually providing accessibility, and not simply how many are filing compliance reports. It should include information about notices of proposed orders and penalties and actual orders and penalties as well as appeals and the outcome – with orders categorized by subject matter. Another idea was to post all AODA compliance reports on a publicly accessible, searchable database.

### **Enforcement Priorities**

A number of enforcement priorities were suggested:

- A focus on big organizations, especially those funded by government, before looking at small business
- Retail stores
- Specialized transit services to confirm they are on a par with conventional
- Progress reports filed by the government and the public sector on their multi-year accessibility plans
- Customer service for people with non-visible disabilities
- Self-service check-out and information kiosks.

The Review was told that architects do not see noncompliance with the Design of Public Spaces standards as a risk. Municipal officials observed that through the site planning process they can only ask developers to follow the standards. The government was therefore urged to delegate DoPS enforcement to municipalities so they can enforce the standards as they do the Building Code. Things would be different if architects couldn't get site plans approved unless they were AODA compliant, participants said. Moreover, the government has not even provided municipalities with funds to review public-spaces site plans, instead leaving the task to unpaid MAAC volunteers.

Parking enforcement is an ongoing problem. Some want the provincial government to make municipalities and shopping malls step up the enforcement of accessible parking spaces, which are being abused. One suggestion was to authorize private citizens to issue parking tickets.

This resembles a program in some Texas communities where consumers take photos of a disability parking spot and a vehicle without a permit, submit them online, and local law enforcement mails a citation to the vehicle owner.

## **Structural Changes Proposed**

### Enforcement Agency

The current state of AODA enforcement led some stakeholders to call for transferring this responsibility to an independent agency not subject to political influence. It was proposed that the government assign AODA enforcement to an arms-length public agency to be created for this purpose.

### Complaint Mechanism

The Review also heard many calls for some form of complaint mechanism for AODA violations. One participant suggested a system for reporting to the ADO when Customer Service complaints to organizations through the required feedback process are not resolved. The mechanism should offer a toll-free number or an online reporting option and should accept anonymous complaints. The ADO would be expected to follow up complaints with enforcement action to secure compliance. Some felt the mechanism should also provide for mediation. The online complaint process under the Americans with Disabilities Act was cited as a model.

As an online participant noted, the ADO now has a contact line. An automated system urges callers to contact the organization involved through the feedback process, and then advises that the ADO is not empowered to respond to individual complaints but uses them to guide education and compliance activities. Callers can leave a message and are thanked for their feedback – but as this participant put it, “I want something done.”

### Dedicated Tribunal

One reason behind the calls for a complaint mechanism is dissatisfaction with the process at the Human Rights Tribunal of Ontario, which is seen as cumbersome, overloaded and expensive. People also worry their names will be made public through the tribunal process, leading to stigma and harassment. As a speaker at the London session put it, people should be able to report accessibility violations and “let someone else do the fighting.” And another commented, the “solution” of going to the HRTTO forces vulnerable people to address systemic discrimination as if it were a personal problem, creating additional burdens.

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*“I want something done.”*

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Some individuals who have used the tribunal reported that the process pushes mediation, with most cases that go to mediation settled without a hearing. However, they said they were required to keep the settlement terms secret, enabling the violator to do the same thing again.

One participant suggested replacing the Licence Appeal Tribunal – the current appeal body for organizations disputing orders under the AODA – with a dedicated tribunal to address accessibility only. It was felt this would be more effective. According to online legal information, there have been no AODA appeals reported since 2014.

## Implementation Challenges

A recurring theme during the Review was the difficulties many obligated organizations have found in meeting their responsibilities under the AODA. The need for better guidance and more clarity about what should be done, which was emphasized in the Moran Report in 2014, persists. As well, funding challenges, the role of MAACs and supply-side issues were topics for discussion.

### Guidance and Resources Inadequate

The ADO received compliments for the resources produced so far, and ADO staff were praised for a strong partnership with the municipal sector, especially MAACs. As well, various groups have created their own valuable resources. Nonetheless, the overall impression is that the current level of support for obligated organizations is far from enough.

A common thread during the consultations was frustration with the unwillingness or inability of the ADO to respond to interpretation and implementation questions. In particular, municipalities said better guidance is needed on the interpretation of standards and the AODA's relationship with other legislation like the Human Rights Code and the Building Code. Phone calls to the ADO for advice were met with suggestions to contact the municipality's legal or IT department. As one municipal official said, he wanted the government's opinion on its own legislation. Likewise, a municipal transit system sought advice on applying standards to real-world circumstances, and received no reply – leading to the conclusion that the government simply does not see itself in the problem-solving business. An academic expert observed that the ADO says to talk to consultants – but its website contains a warning that they are not to be trusted.

### Questions in Need of Answers

Left to interpret standards on their own, participants felt, organizations often get it wrong and make decisions that lead to less accessibility for everybody. The Review was told of examples where better guidance could have made a difference.

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*A common thread during the consultations was frustration with the unwillingness or inability of the ADO to respond to interpretation and implementation questions.*

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Several years ago, the city council of a medium-size community was advised it was not compliant with AODA standards because the live video stream of council proceedings did not have captions. In order to comply, the council decided to remove every video ever posted from its website – a move some local observers feel was contrary to the spirit of the AODA. In a regional municipality, the communications team found the standards for new websites confusing when it came to handling ancient by-laws, which are public information. They considered posting them on the website but not in an accessible format, but instead decided to leave them off the website entirely and make them available on request – which means all consumers must go through the customer service phone line to get them. In an outdoor public space, there was not enough room for the required slope of a ramp on an exterior path of travel, so no ramp was installed, instead of one with steeper slope.

Numerous other areas for further guidance were identified, including advice to:

- Resolve conflicts between AODA standards and other standards and guidelines.
- Clarify the meaning of “barrier” to tell if all hospital entrances must have an automatic door opener.
- Under the Design of Public Spaces standards –
  - o Provide flexibility where measures are metric but actual products on the market like piping are calibrated in inches.
  - o Specify what constitutes “significant alterations”.
  - o Clarify the meaning of “hard surface” for an exterior path of travel to determine if this includes gravel or grass.
  - o Clarify who decides when the exception for impact on heritage value applies – the accessibility committee, the heritage committee, town council?
- Explain when a renovation is considered “extensive” under the Building Code.
- Calculate how much it is reasonable for a municipality to spend on accessibility, given its tax base.
- Explain how to integrate the procurement standard into purchasing and operational processes.
- Under the website standards –
  - o Clarify the “not practicable” exception for meeting accessible website requirements where fully WCAG-compliant commercial software is not available on the market.
  - o Provide a tool to understand the requirements of WCAG 2.0 – e.g., a video showing steps people go through to use an accessible website or software application.
  - o Explain how to incorporate dynamic maps on a website in accessible manner.

Moreover, the Review heard that municipalities are still struggling with accessible playground designs despite the revised CSA standard published in 2014. “No one has said what an accessible playground means,” as one MAAC member commented.

### Ideas for Improved Support

A range of suggestions were presented for improving support for implementation. The Review heard strong calls for the government to issue clear, in-depth policy guidelines interpreting standards. As a MAAC member observed, the AODA standards lack specifics and “Everything is open to interpretation”. Legal support such as disseminating legal opinions would also be helpful, especially to smaller organizations.

Further suggestions were for the government to:

- Establish a resource centre where businesses and public sector organizations could ask questions and get answers.
- Create a network of community hubs offering tools, resources and training to support accessibility.
- Provide a comprehensive website devoted to accessibility compliance.

The accessibility website was seen as a one-stop shop for organizations to find out what is required and how to put it into place. Currently there are many different sites on the internet and people have to search for answers, possibly tapping unreliable sources. To have credibility, the dedicated site should be run directly or endorsed by the ADO – so it is clear the content is authoritative.

Targeted support to make it easier for business – especially small business – to comply was advocated. Government should supply toolkits for small business owners so they don’t need experts on staff. Educational tools aimed at Business Improvement Areas would help enhance accessibility in the private sector. Industry-specific training and professional development opportunities should be offered on AODA requirements. A free web-authoring tool was proposed for creating accessible web pages. Unemployed people with disabilities could form an army to go to businesses and tell them about the AODA.

Accessibility for people with non-visible disabilities was felt to require more support than it is now receiving. One stakeholder called on the ADO to establish a working group of non-visible disability experts, including those with lived experience, to develop a series of resources, tools and training modules to help providers of goods and services meet AODA obligations to these consumers.

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*The accessibility website was seen as a one-stop shop for organizations to find out what is required and how to put it into place.*

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The role of MAACs in compliance support for the private sector sparked a spirited exchange. Some felt that MAACs are being asked to play an inappropriate role in facilitating private sector compliance, which is not part of their mandate. One MAAC, however, makes suggestions and offers to help find resources when the private sector is considering renovations, and also presents accessibility awards to vendors at a ceremony attended by local media. Other MAACs invite the private sector to events but do not give any advice to individual businesses, feeling they do not have the expertise to do so. One municipal stakeholder proposed amending the

AODA to require the private sector to create its own advisory bodies, similar to MAACs, perhaps led by chambers of commerce or boards of trade.

### Paper Burden

Some comments touched on the compliance paper burden. The municipal sector stressed that government should require only reporting that provides useful and essential information. Large designated public sector organizations are now obliged to: review and update multi-year accessibility plans at least every five years; provide annual status reports on implementation activities; and complete accessibility compliance reports every two years. These requirements are considered too frequent and administratively burdensome and are seen as a distraction from actual implementation. Business owners have also expressed concerns with reporting requirements and mandatory paperwork.

### **Funding and Incentives**

Paying for accessibility poses a challenge for both public and private sector organizations.

### Public Sector

Municipalities stressed that the process of making Ontario more accessible has been challenging as there is no direct funding to support new requirements. The AODA and its regulations assume “one size fits all” and do not consider varying municipal financial and human resources capacities. As one municipal official commented at the Newmarket meeting, “It’s hard to find financing to move forward as fast as we would like.” In fact, there is a risk that some municipalities may be unable to comply fully.

The province was urged to address the high cost of implementation by providing direct financial assistance to local governments. First, a modest funding pool should be created to help municipalities, especially smaller ones, hire consultants to do accessibility audits and estimate compliance costs. Then further funding should be provided to cost-share capital projects, particularly to comply with the DoPS standards and support asset management plans. Furthermore, it is clear that needed changes go beyond today’s legislative or regulatory accessibility measures, so funding should also be available to exceed current standards.

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*The province was urged to address the high cost of implementation by providing direct financial assistance to local governments.*

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Similar support was proposed for other public sector organizations. The Review heard that substantial renovations for hospital accessibility are costly and are being slowed by funding constraints. Centralized funds for training or accessibility audits were suggested, especially for larger hospitals. Educators warned that the situation of students with disabilities will worsen unless accommodation in schools is addressed as early as possible. It is a case of pay now or pay more later.

## Private Sector

Funding for accessibility is especially urgent in the not-for-profit sector. Even an organization dedicated to serving people with disabilities reports it is being forced to balance accessibility with cost when planning new facilities.

The Review was often reminded that businesses need funds for accessibility. Some of the most vocal calls for assistance came from people with disabilities, who noted that the local businesses they patronize have limited resources. It was observed that the U.S. federal government provided much money through tax deductions and tax credits to help business comply with the Americans with Disabilities Act. One participant said that the government should reassure business and all citizens that accessibility is affordable and show up with money to help.

Some suggested government grants or loans to help businesses retrofit door openers, ramps, railings and building interiors. Another proposal was for both the federal and provincial governments to make business spending on accessibility improvements 100 per cent tax deductible in the year of installation. To encourage developers to build accessible projects, the Review was told the procurement process should include incentives to meet not only the letter but the spirit of the law – the AODA, the Building Code and the Human Rights Code. Yet another idea was to provide large-scale incentives to businesses to retrofit buildings and to consumers to renovate homes.

Redistributing money now allotted to the ADO was also suggested. This could be invested in grassroots ventures that are getting actual, positive results now, so they can scale up their operations. The StopGap portable ramps initiative was cited as an example.

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*The Review was often reminded that businesses need funds for accessibility.*

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An annual provincial accessibility awards program was proposed to share exemplary practices and celebrate the accomplishments of leading organizations. This could provide a powerful incentive for others to follow.

## **Role of Municipal Accessibility Advisory Committees**

Overall, municipalities viewed MAACs as a success in facilitating engagement of people with disabilities in local governance. However, the AODA has changed the role of MAACs from what it was under the Ontarians with Disabilities Act. The original mandate of MAACs was to advise on local solutions to local problems, while the AODA requires them to review technical requirements and administrative transactions. Stakeholders called for the government to help build the capacity of MAACs by providing resources such as training and an orientation package.

The Review heard concerns that in large municipalities, it is not realistic to expect the MAAC to fulfil all the consultation requirements in the AODA. A solution might be to allow additional advisory groups that do not necessarily report to the municipal council to handle some of these responsibilities.

For smaller municipalities that do not have MAACs – said to number about 200 – the Review was advised that government assistance is necessary to support AODA compliance. An option could be to establish one central, or several regional, accessibility advisory bodies. At the least, more should be done to share best practices among municipalities showcasing examples of accessibility improvements.

Another issue was the make-up of MAACs and whether they reflect a cross-section of disabilities. In particular, it was proposed to require municipalities to include representatives from the local Deaf and hard of hearing communities on MAACs.

### **Supply-Side Issues**

The Review was told there appears to be a disconnect between AODA requirements and allowable equipment designs in the hospital setting. What is needed is a standardized list of manufactured products – such as handwashing sinks – that could be used for retrofits.

The municipal sector made the point that government should take steps to facilitate an adequate supply of vendors providing accessible goods and services to municipalities and other organizations. Supply problems were attributed partly to non-compliance by private sector vendors and partly to lack of products and services on the market.

### **Disability Issues Apart from the AODA**

During the consultations, many people with disabilities discussed problems and issues that affect them but fall outside the realm of accessibility under the AODA. Indeed, disability rights is a broad topic that covers all aspects of daily life. Below is a brief outline of the main concerns raised on these wider issues.

### **Employment Initiatives**

In addition to the AODA Employment standards, the Review heard that companion initiatives are needed to expand employment opportunities for people with disabilities. One advocacy group urged the government to develop a new and stronger Ontario disability employment strategy, supplementing the existing Access Talent strategy. This should be done in consultation with employers and people with disabilities.

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*One advocacy group urged the government to develop a new and stronger*



*Ontario disability employment strategy.*

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Under the proposed strategy:

- "Raising awareness" among employers about the benefits of employing people with disabilities should not be treated as a core component.
- Government should lead by example through the employment of people with disabilities in the OPS and the broader public sector.
- In purchasing goods and services and awarding loans and grants, government should give preference to organizations with a strong orientation toward supporting employment of people with disabilities.
- Government-created barriers to employment of people with disabilities should be eliminated. For example –
  - o Sometimes working-age people with disabilities give up a place in a daytime enrichment program to take a job and it doesn't work out. If this happens, services should be reinstated rapidly.
  - o ODSP drug coverage should be replaced for people with disabilities who begin working.
- All students with disabilities in K-12 education should have an experiential learning opportunity, to work towards a good reference to help get their first paid job.

Another stakeholder proposed creating centralized funds to help offset the costs of workplace accommodations. Large organizations should be required to create a shared fund for all their locations or subsidiaries. And government should set up a centralized fund for small business, with each business required to contribute and the fund managed privately like health insurance or operated directly by government.

The Review heard that many employers have misconceptions about the abilities of people who are Deaf or hard of hearing. These are often disguised as concern for safety, unawareness of accommodations or perceived undue financial hardship in providing accommodations. Transition, career support and employment services for Deaf or hard of hearing youth pursuing skills training or post-secondary education were suggested to help overcome some of the barriers.

Another proposal was for the government to provide incentives to Ontarians with disabilities to start their own businesses, coupled with a program to publicly recognize their successes.

**Living in Poverty**

The Review received more comments on the Ontario Disability Support Program than on any other government activity, apart from the AODA. Participants observed that a 10-year benefit freeze from 1998 to 2008 led to a 30 per cent loss in cost of living increases. The 1 or 2 per cent raises since do not cover inflation, leading many to demand increased support at least to match cost of living trends.

Living with disability is difficult as we are under the poverty line, a speaker observed. Others told how they don't get enough money for housing so end up taking money from basic needs, forcing them to use food banks. If a spouse earns money, the person on disability loses money, which usually keeps the family under the poverty line. A single mother said she wants to see the budget for shelter increased to reflect family-sized rental units in Toronto. She is living with only two of her three children because she cannot afford enough rooms for the whole family. In short, the ODSP is not enough money in today's world.

"If we don't have adequate income, access to the rest of society is almost a moot point," one speaker at the Thunder Bay meeting observed. He added that the ODSP keeps people under its thumb. "It is not there to help you get employed – but to see how little we can pay so you don't die in the street."

One participant said the program is beginning to look for client feedback to learn what services are really needed beyond money. He suggested developing a client package listing all resources within the community as a reference point where people can begin change for themselves.

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*"If we don't have adequate income, access to the rest of society is almost a moot point."*

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The ODSP has a benefit for service dogs but not other service animals, and requires proof the dog has been trained by an accredited facility. Some consider these provisions unfair. A woman with environmental sensitivities reported that the ODSP no longer covers air purifiers, water purifiers, organic food, organic beds, respirators, oxygen or other assistive devices she needs to be functional.

Workers compensation was also felt to be letting down people with disabilities. A man injured in a construction accident said he gets a good pension because he was hurt before 1990. But he says that the system has changed over the years so that only a fraction of people hurt at work now get a decent pension.

## **Health Care**

Many comments on health care centred on the system's readiness for an aging population. One participant listed priorities for an age-friendly society:

- More health care funding.
- Figure out how to fund and organize social care.
- Innovation and reform based on data.
- More emphasis on prevention and lifestyle improvement.
- End hallway medicine caused by too many people in hospital with no place to go.

It was noted that caregivers for people with dementia are often other seniors who are not trained as personal support workers. More PSWs are needed so people can remain at home.

Another participant indicated she had been on the waiting list for long-term care for a year. Another said she hoped the forthcoming health care standard would make the system more proactive rather than just responding to disease.

An expert discussed health care planning and forecasting. She explained that existing administrative data can be utilized to project future needs and evaluate success at the level of individual outcomes for different disability groups.

### **Children with Disabilities**

Many families with special-needs children took part in the consultations. They find access to social services to be a big barrier, with one children's centre reporting a waiting list of over a year. While services are government-funded, there is no province-wide funding formula as there is for health care, leading to inequity across the province.

Families told how they face significant extra expenses that parents with able-bodied kids do not need to pay. The cost of anything adaptive seems "astronomical" and the feeling is these costs should be capped by regulation. For example, parents are paying \$500 for adaptive pedals on a bike and \$350 for training wheels, while the price of a new bicycle ranges from \$3,500 to \$4,200. There are sharp markups on pediatric wheelchairs and other assistive devices. Even with 75 per cent coverage by the Assistive Devices Program, a family had to pay \$875 for a wheelchair.

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*Families with special-needs children face extra costs that  
parents with able-bodied kids do not need to pay.*

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Some participants said it was time for Ontario and Canada to bring in national disability insurance as Australia has. The system there is said to have created a more responsive market by giving individuals more control over the services they receive.

Children's speech is the number-one concern parents raise, the Review was advised. Waiting lists for help through schools are generally two to three years, or parents can pay the high cost of speech therapy out-of-pocket.

### **Affordable Housing**

The Review was told there is a five-year waiting list for rent-geared-to-income housing in one medium-size community. More government funding for social housing – public housing, co-ops, not-for-profits – is imperative.

Many feel supportive housing should be a priority. Autistic adults, for example, struggle with housing but could be independent with a little support.

## COMMENTS AND RECOMMENDATIONS

As outlined in the previous section, the consultation process generated an array of insights into the accessibility challenges facing Ontario and how to meet them. My hope is that those who participated will find the Review was listening, even if others sometimes are not.

In crafting recommendations, I have concentrated on actionable measures that can potentially make a significant impact, resulting in the greatest good for the greatest number. Where specific ideas for the content of standards were proposed, I have for the most part left these to be considered through the usual standards development and review process. The consultations also raised several issues of importance to people with disabilities that fall outside the realm of accessibility and beyond the scope of this report. I urge the government to review carefully and learn from all that was said. Every voice counts.

Here are my recommendations to the Government of Ontario:

### RESTORING GOVERNMENT LEADERSHIP

#### **Recommendation 1: Renew government leadership in implementing the AODA.**

Both the Beer and Moran Reports called on the government to “breathe new life” into the AODA. Everyone who commented on this issue agreed that this has not been done. It should be.

##### **A. Take an all-of-government approach by making accessibility the responsibility of every ministry.**

The key is to inject accessibility into the mandate of every ministry – and to direct all of them to foster accessibility both within their internal operations and across the sectors they oversee. Accessibility is not just the responsibility of the Ministry for Seniors and Accessibility. It is the responsibility of all of government. Accessibility should become ingrained in the DNA of both our elected leaders and the public service.

The Premier of Ontario could establish accessibility as a government-wide priority with the stroke of a pen. Our previous two Premiers did not listen to repeated pleas to do this. I am hopeful the current one will.

##### **B. Ensure that public money is never used to create or maintain accessibility barriers.**

The government should establish a strategy and process to see that its funding does not erect new barriers or perpetuate old ones. This monitoring process should cover capital or infrastructure spending; procurement of goods, services or facilities; transfer payments to public

sector partners; business development grants or loans; and research grants. All projects and purchases should be screened for accessibility before funding is approved.

The point here is the physician's adage: do no harm. And once that is put into practice, we can move on to find ways to make the patient – Ontario society – better.

**C. Lead by example.**

As the Moran Report pointed out, the philosophy behind the AODA is that the Government of Ontario leads the way. This is why most standards take effect for the government first, before being rolled out to the public and private sectors.

A crucial aspect of this leadership is that the Ontario Public Service itself must become a fully accessible employer and service provider. Many big corporations have appointed a Chief Accessibility Officer and the OPS should appoint one too. This position should be held by a full-time deputy minister armed with the authority to drive accessibility within all OPS workplaces and in the delivery of all government services.

A few simple steps come to mind as a starting point for the government to show stronger leadership. The province could refuse to hold staff meetings and public events in facilities that are not accessible. Or it could upgrade the many washrooms in government buildings that are still inaccessible.

**D. Coordinate Ontario's accessibility efforts with those of the federal government and other provinces.**

Ontario was the first Canadian jurisdiction to bring in standards-based accessibility legislation. Others are following our lead. The federal legislation passed by the House of Commons in November 2018 requires the federal minister to make every reasonable effort to collaborate with provincial authorities with a view to coordinating efforts related to accessibility. Ontario should reciprocate.

In the future, opportunities to harmonize standards or develop standards jointly may arise, helping to make the regulatory system more efficient and effective. As more provinces enact accessibility laws, we could wind up with a patchwork of accessibility measures that make compliance difficult for businesses that operate in more than one jurisdiction. So nationwide cooperation will become increasingly imperative.

**DISPELLING UNCERTAINTY**

**Recommendation 2: Reduce the uncertainty surrounding basic concepts in the AODA.**

**A. Define “accessibility”.**

I heard over and over during the consultations that everyone seems to have their own idea of what the AODA means by accessibility. The result is that organizations have trouble figuring out the ultimate goal they are working toward, and people with disabilities are not sure what to expect. The Beer Report urged the government to bring in a provincial policy that would clarify goals and expectations and answer the question: “what does an accessible Ontario in 2025 really look like?”

I believe the time has come to answer this question. I propose that the government do this by making a regulation defining “accessibility” for the purposes of the AODA and the regulations, as authorized by s. 39(1)(q) of the AODA.

Like most people, I have my own definition of an accessible Ontario. It is this: an Ontario that complies fully with the Human Rights Code – a place where people with disabilities are free from discrimination – where all barriers have been removed and all needs accommodated, to the point of undue hardship. This place is a long way off – but is this the destination the AODA promises, or not?

A sea of fog currently surrounds the implementation of the AODA. It is time to dispel it. People with disabilities want to know exactly what the AODA will do for them. So define accessibility and tell us what we can expect by 2025. And tell organizations what they have to accomplish by then.

Alternatively, the government could issue a provincial policy on accessibility, as proposed by the Beer Report. But presumably this would carry less weight as it would not be grounded in a provision of the statute.

Once the meaning of accessibility has been determined, the government by the end of 2019 should produce a comprehensive five-year plan for realizing this vision by 2025.

**B. Clarify the AODA’s relationship with the Human Rights Code.**

This is a longstanding issue that was raised in the Beer Report and reiterated by the Moran Report. Yet very little has been done to explain how these two laws – that I would describe as civil rights laws – fit together.

The Employment standards development committee in its initial report in 2018 made improved clarity on the relationship between the AODA’s Employment standards and the Ontario Human Rights Code’s duty to accommodate its first recommendation. The SDC also called on the

government and the Ontario Human Rights Commission to explore the causes of the confusion regarding the relationship as a first step. I second these proposals.

Part of the problem, it seems to me, is the absence of an expressed vision of an accessible Ontario as a place where people with disabilities are free from discrimination, as just discussed. If such a concept of accessibility is accepted, it would make sense to build it into the Integrated Accessibility Standards Regulation. An introductory clause could be added stating that the purpose of standards is to guide organizations toward meeting their responsibilities under the Human Rights Code and in particular the obligation to make reasonable accommodations.

Another useful step could be to change the appeal body for organizations disputing orders under the AODA from the Licence Appeal Tribunal to the Human Rights Tribunal of Ontario. No one made this exact proposal during the consultations. But it occurs to me that as AODA enforcement strengthens, appeals which till now have centred on reporting issues will likely become more complex. Adjudicating them may require considerable accessibility expertise, which the HRTO already has. It seems prudent to consolidate this capability in one place, instead of having two tribunals dealing with similar issues. Moreover, making the HRTO the accessibility appeal tribunal would signal that the AODA is part of the human rights system.

From the outset, the AODA and the Human Rights Code have operated on parallel tracks. I am not sure why this has been done and I propose making their paths cross as much as possible.

### **C. Update the definition of “disability”.**

From consultations and research, the Review learned that the trend internationally has been to shift from the medical model of disability to a social model that focuses on environmental barriers rather than individual health. The Review also heard that people with non-visible disabilities feel left out of the AODA.

I am confident that the current definition of disability in the AODA is comprehensive and does in fact cover non-visible disabilities, or invisible or non-evident disabilities, as they are sometimes called. However, I also believe that the law should serve as an educational tool and it would be helpful to mention non-visible disabilities explicitly in the definition. I would suggest that Ontario consider adopting the definition in the pending Accessible Canada Act, which does this. The federal definition also aligns with the international emphasis on the social model of disability. It reads as follows:

disability means any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.

As well, adopting the federal definition would be a positive gesture toward federal-provincial cooperation on accessibility.

Another option, if the government prefers to largely maintain the present definition, would be to add “aging” to the determinants of physical disability, which is now described as caused by “bodily injury, birth defect or illness”. Again, this amendment may not be necessary from a legal point of view. But it could help raise awareness of the connections between aging, disability and the need for accessibility. In addition, “environmental sensitivities” could be added to list of health conditions specifically included under physical disability, in order to increase the profile of these debilitating conditions.

The AODA currently uses the same definition of disability as the Human Rights Code. It would be wise to keep this consistency so, if the AODA’s definition is amended, the Code’s should be too.

## **DRIVING CULTURAL CHANGE**

### **Recommendation 3: Foster cultural change to instill accessibility into the everyday thinking of Ontarians.**

During my term as Lieutenant Governor and since, I have often made the point that while rules and regulations are crucial, what is also required to eliminate barriers is a change of heart. Both the Beer and Moran Reports concurred with this view.

It is a fundamental misconception dating back to the early days of the AODA that standards alone can achieve accessibility for people with disabilities. Standards are not enough because the world we live in is constantly changing as technology evolves, society is transformed, new barriers arise and new ways of removing and avoiding barriers emerge. Moreover, people with disabilities are a diverse group – not only in terms of background but also in terms of needs, values and individual preferences. Standards have trouble keeping up with this dynamic, ever-changing context; they are necessary but not sufficient.

Think of this as like buying a new car. There are standard features that everybody wants and everybody gets – and then there are options the buyer can accept or decline depending on personal needs and taste. Accessibility standards are like the standard features. But people with disabilities often want some options as well.

This is where accommodation plays a role, as organizations can be called upon to respond to individual needs. But accommodation means assessing each situation one by one, and can be an especially difficult process where systemic issues are involved. Few people with disabilities have the time or energy to take on broad social issues as personal problems.

Another fact of life is that the most well-intended rules and regulations sometimes do not get it entirely right. Examples were cited in the consultations, as noted earlier – from even the best



building codes that leave much to interpretation, to power door buttons that some people using wheelchairs cannot push.

The solution is the change of heart I mentioned. What is required is what a member of a local accessibility advisory committee called “accessibility mindfulness” – one of many profound insights brought to the Review by everyday people. All public and private sector organizations should work harder to know their customers, an increasing portion of whom have disabilities, and make more effort to understand and anticipate their needs. All Ontarians should put themselves in the shoes of people with disabilities – and think and act in the spirit of the AODA because it is the right thing to do.

**A. Conduct a sustained multi-faceted public education campaign on accessibility with a focus on its economic and social benefits in an aging society.**

To get cultural change rolling, both previous Reviews recommended extensive public awareness and education efforts on accessibility. Since little has been done, I reiterate this recommendation.

Another insight from consultation participants was the need to rebrand accessibility as an initiative that benefits everyone. Curb cuts are often cited as an example – they help not only people using wheelchairs but also mothers pushing strollers. And likewise ramps aid anyone who wants to avoid stairs. Moreover, accessibility is a boon for the economy. People with disabilities bring talent employers can tap to grow their businesses. And people with disabilities and their families – which together make up an estimated 53 per cent of the Canadian market – have money to spend as consumers.

Demographic change of course intensifies the need for accessibility and this is another point to drive home. The fact is, we all will become disabled if we live long enough, due to the relentless process of aging. Accessibility is for all of us!

The ongoing public awareness campaign should be multidimensional, combining mass media, social media and community events and initiatives. It could include segments on specific disabilities, such as the Bell “Let’s Talk” advertisements on mental health, which are running as this report is written. The campaign should break down attitudinal barriers, celebrate accessibility champions, feature high-profile business leaders showcasing the value of accessibility, and involve all Cabinet ministers in promoting accessibility to their stakeholders – with leadership from the Premier and the Minister for Seniors and Accessibility.

**B. Build accessibility into the curriculum at every level of the educational system, from elementary school through college and university.**

Over the longer term, it is vitally important for Ontario students to learn about accessibility from the early grades on, so it becomes ingrained in their way of thinking – just as recycling and non-smoking have become second nature. Achieving this goal will require leadership and support

from the Ministry of Education and the Ministry of Training, Colleges and Universities, as part of the all-of-government commitment I mentioned.

For example, school boards could be provided with a model curriculum on accessibility so each one does not have to reinvent the wheel. This could be developed in consultation with board and teacher representatives.

Post-secondary institutions should build an accessibility curriculum into professional and technical programs in fields ranging from engineering and marketing to health care and education. The goal is to create a future work force that understands accessibility requirements and how to implement them.

**C. Include accessibility in professional training for architects and other design fields.**

Such a curriculum is especially imperative for architects, interior designers, landscape architects and other design professionals. The long-run solution to the many built environment problems raised during the consultations lies in embedding accessibility and universal design into professional training for these occupations. Universal design should be top of mind, not an afterthought.

As well, I would urge the government to persuade or require the oversight bodies for these fields to make this training mandatory for entry to practice and also include updates in continuing education programs.

## **DEVELOPING ACCESSIBILITY STANDARDS**

**Recommendation 4: Direct the standards development committees for K-12 and Post-Secondary Education and for Health Care to resume work as soon as possible.**

While standards are not the whole answer, they represent essential building blocks for an accessible Ontario. It is critical to accomplish all we can through standards.

The Moran Report observed that health care and education were priorities for work on accessibility and called on the government to “undertake a serious process to determine the best method to ensure accessibility advances as fast as possible” in these two areas. The government conducted research on these sectors, leading to the creation of the three standards development committees whose work was suspended before the spring 2018 provincial election.

No one the Review spoke with felt that these committees should be shut down – and everyone who commented on the issue called for them to get back to work. In August 2018, the Ontario Human Rights Commission released a new Policy on accessible education for students with disabilities. This document has strengthened the case for standards by identifying numerous

barriers in both the K-12 and post-secondary systems. The Review also heard many calls for the government to confirm that the Health Care committee has a mandate to consider the entire health care sector, not only hospitals. I agree, having observed accessibility issues in medical offices myself.

At the same time, I note that the terms of reference for all these committees authorize them to recommend practical, non-regulatory initiatives, such as best practices, education and other programs, which could improve accessibility. I would urge the committees to make non-regulatory measures a priority so they can be introduced before new standards are developed and implemented, as that could take years.

**Recommendation 5: Revamp the Information and Communications standards to keep up with rapidly changing technology.**

An accessible digital environment is fast becoming as central to participation in our society as an accessible built environment. So it was troubling to learn through the consultations that the current standards for websites are already obsolete, even though they have not been entirely phased in, even for the provincial government. Among other concerns, the present standards have not really been designed for websites or web content accessed through smart phones and other mobile devices. The Information and Communications SDC is working on recommendations to update the standards and is developing a more complex policy proposal involving regulation based on functional requirements. The government should give their advice serious consideration.

**Recommendation 6: Assess the need for further standards and review the general provisions of the Integrated Accessibility Standards Regulation.**

Beyond health care and education, time is running out to get new standards in operation by 2025. So the government should promptly consult with the public – including people with disabilities – to determine what, if any, other sectors would benefit from accessibility standards, so work can begin.

In addition, the government should launch a review of the general standards in Part I of the IASR, which is overdue. These provisions cover important areas such as accessibility policies and plans; procurement of goods, services or facilities; self-service kiosks; and training on the IASR and the Human Rights Code.

An idea mentioned in the Moran Report that is worth considering is to emphasize barrier removal in the multi-year plans. The present wording does mention barrier removal but this is often overlooked in favour of preventing new barriers, which is the intent of most current standards. It should be made clear that the purpose behind accessibility plans is not only to comply with standards but to exceed them, perhaps by improving the built environment.

**Recommendation 7: Ensure that accessibility standards respond to the needs of people with environmental sensitivities.**

As standards development work proceeds, the needs of people with environmental sensitivities should receive attention. For example, as the Moran Report observed, the Built Environment standard originally proposed by the standards development committee included air quality and ventilation provisions, but these requirements did not appear in the final regulations in the Building Code. I believe this question should be revisited. In the health care sector, standards could be considered to help make hospitals and long-term care homes safe for people with environmental sensitivities.

## **TRANSFORMING THE BUILT ENVIRONMENT**

While this may seem harsh, many in the disability community regard architects and design professionals as “The Enemy”, people who deliberately or in profound ignorance create design barriers that prevent persons with disabilities from making use of the building. The disastrously designed Ryerson Student Learning Centre is one of the most egregious cases in point. YouTube videos by the AODA Alliance, newspaper articles and reviews have catalogued the appalling range of barriers in the centre, as if the designers were deliberately trying to create barriers affecting the widest range of disabilities possible. In a story for CityNews, Ryerson’s “vice-president of equity admitted the new building was designed for style and less for accessibility.” We urge the government to ensure that such facilities are never built again.

**Recommendation 8: Develop new comprehensive Built Environment accessibility standards through a process to:**

- **Review and revise the 2013 Building Code amendments for new construction and major renovations**
- **Review and revise the Design of Public Spaces standards**
- **Create new standards for retrofitting buildings.**

The consultations for the Review have sent a powerful message that the top issue for Ontarians with disabilities is the accessibility of buildings. It is also apparent that the current barrier-free design requirements are inadequate, as demonstrated by the AODA Alliance video on the Ryerson Student Learning Centre and the personal experience of many people, including myself.

Built environment barriers are a form of discrimination. This discrimination by design must end!

To overhaul the Built Environment standards, we need to go back to the drawing board. As a first step, the accessibility requirements in the Building Code should be brought within the standards review process of the AODA. The Moran Report proposed inserting a provision in the

Integrated Accessibility Standards Regulation or the Building Code, or both, calling for review of the barrier-free design requirements through the AODA process. I concur.

The raw material for strengthened Built Environment standards is plentiful. As the Review heard, a host of building codes exist, not only around the world but even within Ontario. Surely we can tap this knowledge base to do much better. This work may also be an opportunity for federal-provincial collaboration, as the federal government and the other provinces with accessibility legislation are also committed to a barrier-free built environment. However, while nationwide barrier-free design standards may be a laudable goal, Ontario should not wait for a consensus before putting its own strong standards in place.

In re-examining the DoPS standards, a specific point on enforcement that was raised during the consultations should be considered. This was also highlighted in the Moran Report, which noted that “unlike the Building Code, the DoPS standards have no provision for pre-construction approval of projects. Hence non-compliance will probably come to light only when people start using the public space. By then, it will be very difficult if not impossible to correct the error.”

The issue of retrofits to buildings is more challenging. It is widely believed that if retrofit requirements are imposed, some sort of escape clause will be necessary for organizations that cannot afford to comply. This would entail a process for assessing financial hardship and granting time extensions or exemptions. Municipal building departments are not in the habit of doing this, as the current Building Code accessibility requirements are applied without financial exceptions. So a new enforcement system would likely have to be set up. This could compound the problems we already face with enforcement of the DoPS standards.

My answer to the retrofit challenge is to take a carrot and stick approach. This seems to have worked with the Americans with Disabilities Act in the United States, where moderate regulation has been combined with strong financial incentives.

As to the stick – regulation – I suggest that Ontario consider adopting the ADA provision that requires removal of barriers in facilities where this is “readily achievable, i.e., easily accomplishable without much difficulty or expense.” Again, this was recommended by the Moran Report but not done. The U.S. regulation goes on to list 21 examples of actions to remove barriers – such as installing ramps, making curb cuts in entrances, adding raised markings on elevator control buttons, installing offset hinges to widen doors, widening of toilet stalls, creating accessible parking spaces and so forth.

Granted, such a provision would involve a financial test but the “readily achievable” bar is lower than “undue hardship”. So organizations should find it easier to comply, leading to fewer disputes over cost and less need for enforcement action. Individuals not satisfied with the resulting barrier removal would continue to have recourse to the HRTO.

**Recommendation 9: Provide tax incentives for accessibility retrofits to buildings.**

The carrot I propose is accessibility tax incentives along the lines also recommended by the Moran Report, paralleling the incentives in place in the U.S. since the early 1990s. The Beer Report as well suggested exploring tax incentives and tax policies to promote accessibility.

The current U.S. incentives include a small business tax credit of up to \$5,000 annually, worth about 50 per cent of the costs of barrier removal – as well as a tax deduction of up to \$15,000 per year for barrier removal costs incurred by businesses of any size. While the U.S. incentives cover a range of accessibility measures, I am proposing to focus on the built environment as this is currently job one as far as Ontarians with disabilities are concerned.

Ontario's 2018 Fall Economic Statement called on the federal government to introduce the immediate expensing of new depreciable business assets and said the province would parallel such a measure. Presumably new investments in accessibility retrofits would be eligible for this immediate 100 per cent write-off. Even if such a provision is not adopted for all business capital expenses, I propose a 100 per cent provincial tax deduction for expenditures by any business to remove barriers in the built environment.

As well, I recommend a small business tax credit similar to that offered in the U.S. covering half the cost of building retrofits up to an annual limit of perhaps \$5,000. The funding cap requires further study. I note that British Columbia provides grants of up to \$20,000 for building accessibility improvements, while Nova Scotia cost-shares up to two thirds of expenses for renovation projects costing as much as \$50,000.

These business tax incentives should be introduced as soon as possible. There is no need to wait for a new standards development committee on the Built Environment to complete its work, which will be a long-term task.

This is where the all-of-government approach comes in again. Getting these incentives in place will require the full support of the Minister of Finance.

Tax incentives could also be deployed to encourage entrepreneurship by people with disabilities who are taking matters into their own hands. The Access NOW app for rating the accessibility of public venues and the StopGap portable ramps are sterling examples of successful community-based ventures to confront barriers head-on. The government should nurture the growth of this kind of enterprise through financial support such as tax breaks on the purchase of supplies.

**Recommendation 10: Introduce financial incentives to improve accessibility in residential housing.**

During the consultations, the Review heard that the supply of accessible housing is at or near a crisis. I believe that financial incentives are the best way to tackle this challenge.

**A. Offer substantial grants for home renovations to improve accessibility and make similar funds available to improve rental units.**

The renovation of residential housing will become increasingly critical as the population ages and people want to remain in their own homes. I recall a home renovation grants program my family took advantage of when we moved into our current house about 20 years ago. I would like to see this or something similar reinstated, as would many who participated in the Review. Comparable funding should be offered to rental buildings to improve accessibility for tenants. As was observed during the consultations, the limited funding available under Ontario's current Home and Vehicle Modification Program is inadequate.

**B. Offer tax breaks to boost accessibility in new residential housing.**

I would suggest using the tax system to drive accessibility in new housing as well. Provincial taxes (such as sales tax or the land transfer tax) could be reduced on a percentage – perhaps 30 per cent – of units in new subdivisions, apartment buildings or condominiums with universal design features. The market is beginning to catch on to the fact that accessibility sells – a new condo development planned for Pickering that will consist entirely of accessible units is a case in point. The government could give this trend more impetus through tax breaks.

**Recommendation 11: Reform the way public sector infrastructure projects are managed by Infrastructure Ontario to promote accessibility and prevent new barriers.**

Infrastructure Ontario is the Crown agency that acts as the procurement and commercial lead for major public infrastructure projects in the province. Its role is crucial in creating barrier-free public buildings that will last for decades. It will be important for Infrastructure Ontario – and the Ministry of Infrastructure – to buy into an all-of-government approach to accessibility.

The agency should incorporate accessibility requirements into project plans from the beginning and then monitor adherence to these specifications. Every request for proposals should call for barrier-free design, and proposals that do not comply should be rejected. Firms that repeatedly ignore accessibility requirements in their proposals should be banned from further bidding, at least for a time. In this way Infrastructure Ontario can take the lead in making the built environment accessible and ensuring that the provincial government is no longer implicated in discrimination by design.

## **TOUGHER ENFORCEMENT**

**Recommendation 12: Enforce the AODA.**

I must repeat this recommendation from the Moran Report as the AODA still is not being enforced, in any meaningful sense. In 2017, the latest time period for which information is

available, the Accessibility Directorate of Ontario conducted 1,730 audits, as noted earlier. Compared with the 56,000 organizations required to file accessibility reports, that's an audit rate of just 3 per cent. A mere six compliance orders were issued during the year, with only three imposing an administrative monetary penalty. Moreover, approximately 350,000 more private sector organizations with fewer than 20 employees were not required to file reports and apparently received no scrutiny.

As well, the ADO reported auditing a selection of private sector organizations in 2016 and 2017. The non-compliance rate was about one third for the standards requiring multi-year accessibility plans, accessibility policies and staff training. Audits of public sector organizations in 2016 found a similar rate for multi-year plans. To me, these results suggest extensive non-compliance with what the ADO considers foundational accessibility requirements.

Participant after participant in the Review's consultations called for more aggressive and more visible enforcement of the AODA as essential to achieving the vision of an accessible Ontario. I agree.

Moreover, enforcement should be about more than getting organizations to file accessibility compliance reports or complete other paperwork. The ADO should check out what's actually happening – for example, by visiting websites, taking service animals into restaurants, or riding municipal buses to weigh the accessibility of these experiences.

**A. Establish a complaint mechanism for reporting AODA violations.**

The most promising idea for improving enforcement, in my view, was the suggestion to introduce a way for people to file complaints about violation of AODA standards. I believe this could quite easily be implemented by building on the ADO's existing "Contact us" phone and email system.

Currently, telephone callers with complaints are advised to go through the feedback process of the organization involved as a first step. They are also told that while the ADO does not take direct action based on individual complaints, complaints are used to inform educational and compliance activities. Comments and complaints can also be submitted through email. This phone/email process could be clearly branded and publicized as a Complaint Line since this function is not obvious from the way it is presented now.

I understand that the ADO does not have the resources to investigate every complaint. What they should be doing is to look for patterns of discrimination – for example, multiple complaints about the same organization or the same sector about similar issues. They may be doing this, but the problem is that no follow-up enforcement action ever seems to happen. It may be that the current complaint volume is too low for any discernible patterns to appear. If so, that will likely change with a more visible complaint system in place, enabling precisely targeted audits and other enforcement measures.



Closely related to a complaints system is the existing feedback process that service providers are required to establish. It is noteworthy that about nine in 10 of the private sector organizations in the audit sample mentioned above had in fact introduced a method to receive and respond to feedback on accessibility. This is not really surprising, given the keen interest of today's businesses in customer satisfaction. Whether it's having a car repaired or dining in a restaurant or making a purchase online, the experience is often followed up with a survey of some kind. So the feedback process on accessibility is likely to become an increasingly valuable gauge of customer satisfaction as the number of people with disabilities grows. It could be one of the keys that unlocks accessibility.

One suggestion that came up during the consultations was for organizations to do more to publicize their feedback process. This is a good idea. It could be done through on-site signs and prominent website notices, for example.

I believe people with complaints should continue to be encouraged to contact the organization first and use the complaint line if this does not work out. I could envisage people with disabilities forming their own neighbourhood audit teams to visit local businesses, identify any accessibility shortcomings and present their conclusions to the management of the various companies through the mandated feedback process. Depending on the response, they could then decide to work further with the respective businesses or file a complaint with the ADO.

**B. Raise the profile of AODA enforcement.**

For enforcement to have the maximum impact, it must be visible. The government should widely publicize its intention to step up AODA enforcement and should also release its enforcement plans. As well, I repeat the recommendation in the Moran Report for the government to publish the results of enforcement activities every three months. This compares with the ADO's current practice of producing an annual compliance and enforcement report. The quarterly releases should include information about notices of proposed orders and penalties and actual orders and penalties, as well as appeals and the outcome – with orders categorized by subject matter.

**STRONGER SUPPORT FOR IMPLEMENTATION**

**Recommendation 13: Deliver more responsive, authoritative and comprehensive support for AODA implementation.**

Over the years the ADO, stakeholder groups, educational institutions and consulting firms have produced a variety of resources on AODA implementation. Despite this, both public and private sector organizations need much more help. Existing resources should be marketed more effectively, and new ones developed.

**A. Issue clear, in-depth guidelines interpreting accessibility standards.**

One of the priorities emerging from the consultations is for the ADO to issue clear, extensive and authoritative guidelines interpreting standards so it becomes easier to apply them to real-world conditions. The Moran Report made a similar recommendation.

Some of the areas where guidelines could be considered, as noted by participants in the Review, include:

- Websites and web content
- Conditions under which organizations can exclude a service animal from the premises
- Service animals, such as autism assistive dogs, in schools
- How self-service gas stations should serve people with disabilities
- Quality standards for the content of training under the AODA, including how to ensure cultural sensitivity
- How to enforce priority seating in public transit vehicles
- Design of accessible playgrounds
- How to respond to the needs of people with environmental sensitivities
- Strategies for communicating with Deaf and hard of hearing individuals.

**B. Establish a provincewide centre or network of regional centres offering information, guidance, training and specialized advice on accessibility.**

One of the strongest themes in the consultations was frustration over the inability or unwillingness of the ADO to respond to questions about how standards work in concrete situations. People seeking advice on the AODA should not be told to ask their own lawyers: the AODA is not a make-work project for Ontario's legal profession.

The interpretive guidelines mentioned above should help. But unusual and even unique circumstances will continue to arise. Questions will need answers and the government should be prepared to provide them through telephone, email or in-person consultation. This will take accessibility specialists who have the expertise to address complex issues ranging from reasonable accommodations at work, to the slope of ramps, to assessing website WCAG conformance. At the same time, skilled, sensitive staff should also be ready to answer questions from people with disabilities about what the AODA means in their particular circumstances. In addition, new resources should be offered, such as industry-specific or even job-specific e-training modules and web-authoring tools for creating accessible web pages.

Such a centre or network could be run directly by the ADO or by a non-government group engaged to do so, as long as it is made clear the operation is ADO-sanctioned.

**C. Create a comprehensive website that organizes and provides links to trusted resources on accessibility.**

The current plethora of online resources requires a roadmap, and the accessibility centre or network should provide one in the form of a comprehensive website. The site should either contain or be linked to all known credible resources on each AODA standard, whether produced or funded by the ADO or by other bodies. The navigation should identify materials for people with disabilities and for obligated organizations. Lists of resources on specific sectors – such as travel – should be provided, all in one place.

While there are many fine-looking websites available now, there is no way to tell how credible they are – especially given the warning about consultants on the ADO website. It will be essential for the ADO to take responsibility for reviewing, endorsing and providing access to a full range of trusted resources.

## **EMPLOYMENT OF PEOPLE WITH DISABILITIES**

**Recommendation 14: Confirm that expanded employment opportunities for people with disabilities remains a top government priority and take action to support this goal.**

In 2017, the previous government announced Access Talent: Ontario's Employment Strategy for People with Disabilities. It set broad objectives – such as person-centred employment services and support for employer champions – but offered few details on how to achieve them.

Promoting equal employment opportunity for people with disabilities is the right thing to do from many perspectives. It reflects our deepest values as a society, recognizing the dignity and worth of every person. It is a plus for the economy – especially as baby boomers retire. Currently, about seven in 10 Canadians are of working age, but that level is projected to fall to about six in 10 by the year 2061.<sup>10</sup> Tapping the employment potential of people with disabilities will be one way to deal with a tighter labour market and keep Ontario prosperous. And encouraging the hiring of people with disabilities is also good for public finances because it turns people receiving social assistance into taxpayers.

I would urge the current government to confirm or revise the Access Now strategy and in either case to introduce specific programs – with funding commitments – to bring more people with disabilities into the work force. Moreover, any employment barriers caused by government itself should be removed. For example, ODSP drug coverage should be replaced when people begin working.

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<sup>10</sup> Statistics Canada – Catalogue no. 91-003-X. Canadian Demographics at a Glance - Second Edition, 2016, p. 9

The success of such a strategy should be measured by the bottom-line result of how many people get jobs. I would count on the Ministry of Economic Development, Job Creation and Trade to take the lead here.

## **SOLVING EVERYDAY PROBLEMS**

**Recommendation 15: Fix a series of everyday problems that offend the dignity of people with disabilities or obstruct their participation in society.**

During the consultations, many people with disabilities spoke of the practical challenges they face simply going about their daily lives. These are problems that cry out for prompt action by government or other organizations. They ask everyone to espouse the accessibility mindfulness I spoke of earlier. Here are some examples – and I am sure many other items could be added to the list.

To use stair lifts in this province, you need a key. I'm referring to the kind of lifts used exclusively by people with mobility devices – they may lift you up just two steps! I discovered that this practice of requiring a key arose in the early days of lifts when there was a risk that children could get into the works and be injured. Modern lifts are all self-enclosed and it is no longer necessary to require a key and force people to find someone to fetch one for them. The Technical Standards and Safety Authority, which reports to the Ministry of Government and Consumer Services, is responsible for administering this rule. The government must mandate a change to adopt the American standard where in fact keyed systems are prohibited as they are in many other jurisdictions. Doing so would remove one of the indignities people with disabilities encounter in daily life.

Here's another everyday problem. Have you ever noticed that on a snowy day, a lot of accessible parking spaces are empty? That's because the paint used to mark the spots becomes slippery when snow-covered or wet. It's time for a different kind of paint.

Along the same lines, the floors in restrooms in the ONroute highway service centres are slippery and dangerous when wet. Major fast-food chains have figured out how to make their floors more slip-proof, so it can be done.

There is a shortage of sign language interpreters, Deaf Interpreters and captioning providers and this is harming accessibility for people with hearing disabilities. We need our educational system to ramp up training for these vital occupations.

For shoppers with cognitive disabilities, bigger and clearer signs showing a store's entrances and exits would make it easier to find their way.

In hotel decor, there is a trend toward higher beds even in rooms described as accessible. But that makes it hard if not impossible to get into bed from a wheelchair. At present, the greatest

barrier to vacation and travel in Ontario for disabled persons is in fact so-called “Wheelchair Accessible” rooms with inaccessible beds. Lower beds please!

## CONCLUSIONS AND A CALL TO ACTION

This has been a long report, so I will keep my conclusions short.

Previous governments have promised much but delivered less than they should have. Ultimately this is a matter of civil rights for individuals and economic intelligence for government.

On a daily basis, persons with disabilities face discrimination in building design, in snow clearing of bike paths taking priority over sidewalks, in hiring practices and in simply accessing Service Ontario facilities. How many government Members’ riding offices are wheelchair accessible?

From the economic side, full prosperity is not possible until and unless a huge percentage of those on ODSP are gainfully employed and thus, become taxpayers. With at least 53 per cent of the population either having a disability or a family member with a disability, accessibility benefits an ever-increasing majority of the population. Accessibility is not a cost – it is a benefit to everyone.

When the AODA was passed in 2005, there was legitimate hope that real changes, real solutions to grinding, soul-destroying daily battles with the system would soon occur. That has not happened, and it is clear from the hundreds of people we heard from that Ontarians with disabilities want results, not more promises or, worse yet, odious virtue signaling that Ontario is a “world leader in accessibility”. In some narrow areas we are, but for the most part, we are not. This government can change that and your fellow citizens with disabilities are asking you, pleading with you to do so.

To get results, I believe the top priorities for immediate action are:

- Reactivate the K-12 and Post-Secondary Education and Health Care standards development committees
- Make accessibility a responsibility shared by all ministries, an all-of-government approach
- Introduce tax incentives for accessibility retrofits to buildings
- Establish a complaint system for reporting AODA violations
- Reform the management of public sector infrastructure projects to prevent barriers
- Begin work on new Built Environment standards.

The glacial pace of change over the past 14 years has left the disability community deeply disappointed and filled with anger.

We, who are the majority of Ontarians, are counting on the Premier of Ontario and his Ministers to give us hope by acting to solve the clear and present problems before us.

Please don't let us down!

## SUMMARY OF RECOMMENDATIONS

1. Renew government leadership in implementing the AODA.
  - A. Take an all-of-government approach by making accessibility the responsibility of every ministry.
  - B. Ensure that public money is never used to create or maintain accessibility barriers.
  - C. Lead by example.
  - D. Coordinate Ontario's accessibility efforts with those of the federal government and other provinces.
2. Reduce the uncertainty surrounding basic concepts in the AODA.
  - A. Define "accessibility".
  - B. Clarify the AODA's relationship with the Human Rights Code.
  - C. Update the definition of "disability".
3. Foster cultural change to instill accessibility into the everyday thinking of Ontarians.
  - A. Conduct a sustained multi-faceted public education campaign on accessibility with a focus on its economic and social benefits in an aging society.
  - B. Build accessibility into the curriculum at every level of the educational system, from elementary school through college and university.
  - C. Include accessibility in professional training for architects and other design fields.
4. Direct the standards development committees for K-12 and Post-Secondary Education and for Health Care to resume work as soon as possible.
5. Revamp the Information and Communications standards to keep up with rapidly changing technology.
6. Assess the need for further standards and review the general provisions of the Integrated Accessibility Standards Regulation.
7. Ensure that accessibility standards respond to the needs of people with environmental sensitivities.
8. Develop new comprehensive Built Environment accessibility standards through a process to:
  - Review and revise the 2013 Building Code amendments for new construction and major renovations
  - Review and revise the Design of Public Spaces standards
  - Create new standards for retrofitting buildings.
9. Provide tax incentives for accessibility retrofits to buildings.

10. Introduce financial incentives to improve accessibility in residential housing.
  - A. Offer substantial grants for home renovations to improve accessibility and make similar funds available to improve rental units.
  - B. Offer tax breaks to boost accessibility in new residential housing.
  
11. Reform the way public sector infrastructure projects are managed by Infrastructure Ontario to promote accessibility and prevent new barriers.
  
12. Enforce the AODA.
  - A. Establish a complaint mechanism for reporting AODA violations.
  - B. Raise the profile of AODA enforcement.
  
13. Deliver more responsive, authoritative and comprehensive support for AODA implementation.
  - A. Issue clear, in-depth guidelines interpreting accessibility standards.
  - B. Establish a provincewide centre or network of regional centres offering information, guidance, training and specialized advice on accessibility.
  - C. Create a comprehensive website that organizes and provides links to trusted resources on accessibility.
  
14. Confirm that expanded employment opportunities for people with disabilities remains a top government priority and take action to support this goal.
  
15. Fix a series of everyday problems that offend the dignity of people with disabilities or obstruct their participation in society.



# Connections 2019

## Resource Fair & Career Corner for Persons with Disabilities

**Thursday May 16**

12:00 pm – 7:00 pm

### Living Arts Centre

4141 Living Arts Drive, Mississauga

- **Connect with Community Services**
- **View New Products**
- **Free to Attend**
- **No Registration Required**
- **ASL Interpreter Available**
- **Career Corner for help and resources to job seekers**
- **Attendant services courtesy**



*For info on being an exhibitor contact us at [matthew.fleet@disabilityaccess.org](mailto:matthew.fleet@disabilityaccess.org) or 905-755-9734 ext. 251*

**RECEIVED**  
March 20, 2019  
REGION OF PEEL  
OFFICE OF THE REGIONAL CLERK

REFERRAL TO \_\_\_\_\_  
RECOMMENDED \_\_\_\_\_  
DIRECTION REQUIRED \_\_\_\_\_  
RECEIPT RECOMMENDED

