

**Annual ACCESSIBILITY Plan
For
Lansdowne Children's Centre
September 2011 - August 2012**



**This publication is available on Lansdowne Children's Centre website
(<http://lansdownecentre.ca>)
and in alternative formats upon request**

Table of Contents

EXECUTIVE SUMMARY

1. Aim
2. Objectives
3. Description of Lansdowne Children's Centre
4. The Accessibility Working Group
5. Lansdowne's commitment to accessibility planning
6. Barrier-identification methodologies
7. Barriers identified
8. 2009 - 2010 Accessibility Plan Achievement Review
9. Barriers that will be addressed 2010 - 2011
10. Review and monitoring process
11. Communication of the plan

Executive Summary

The goal of the *Accessibility for Ontarians with Disabilities Act (AODA), 2005*, is to achieve accessibility for Ontarians with disabilities by 2025. In preparing annual accessibility plans, hospitals and other identified organizations must consider the following:

- The plans must address a broad range of disability issues, taking into account the full definition of disability under the AODA and the Ontario Human Rights Code.
- The plans must examine all aspects of the organization's operations, including its bylaws, practices, facilities, programs and services.
- Organizations must take into consideration their roles as service providers and employers.
- The plans must identify steps to be taken over time to remove identified barriers and prevent any new ones.
- It is important that organizations consider integrating accessibility planning into their business planning cycles to ensure a thoughtful, effective and efficient process and meaningful outcomes.
- These organizations are accountable to their communities and, as such, must make their accessibility plans available to the public.

This is the ninth annual plan (2011-2012) prepared by Lansdowne Children's Centre. The plan describes: (1) the measures that Lansdowne Children's Centre completed during 2010-2011, and (2) the measures that Lansdowne Children's Centre will take during the year (2011-2012) to identify, remove and prevent barriers to people with disabilities who live, work in or use the facilities and services of Lansdowne Children's Centre, including clients and their family members, staff, volunteers and members of the community.

Lansdowne Children's Centre commits itself to the continual improvement of access to its' facility policies, programs, practices and services for clients and their family members, staff, volunteers and members of the community with disabilities; the participation of persons with disabilities, or family members, in the development and review of its annual accessibility plans; and the provision of quality services to all clients and their family members and members of the community with disabilities.

Lansdowne Children's Centre has identified barriers to persons with disabilities, which Lansdowne Children's Centre recommends focusing on over the next several years.

1. Aim

This plan describes: (1) the measures that Lansdowne Children's Centre completed during 2010-2011, and (2) the measures that Lansdowne Children's Centre will take during the next year (2011-2012) to identify, remove and prevent barriers to people with disabilities who work in or use the Centre, including clients and their family members, staff, volunteers and members of the community.

2. Objectives

This plan:

1. Describes the process by which Lansdowne Children's Centre will identify, remove and prevent barriers to people with disabilities.
2. Review the efforts at Lansdowne Children's Centre to remove and prevent barriers to people with disabilities during the past year (2010-2011).
3. List the policies, programs, practices and services that Lansdowne Children's Centre will review in the coming year to identify barriers to people with disabilities.
4. Describes the measures Lansdowne Children's Centre will take in the coming year (2011-2012) to identify, remove and prevent barriers to people with disabilities.
5. Describes how Lansdowne Children's Centre will make this accessibility plan available to the public.

3. Description of Lansdowne Children's Centre

Lansdowne Children's Centre is located at 39 Mount Pleasant Street in Brantford, Ontario. Our clientele include residents of Brant County and Haldimand-Norfolk County.

Lansdowne Children's Centre served 2,185 clients during the 2010-2011 fiscal year. Lansdowne employs approximately 102 individuals including a Medical Director, Social Workers, Occupational Therapists, Physiotherapists, Speech Language Pathologists, Child and Youth Worker, Communicative Disorders Assistants, Therapy Assistants, Registered Practical Nurses, Resource Teachers, Child Development Consultants, Senior Therapist and Instructor Therapists for the Early Autism Initiative, Support Service Program Supervisors, Service Coordinator, Central Intake Coordinator, Administrative staff, Team Coordinators, Business Director, Human Resources Director, Service Directors and an Executive Director. Lansdowne also employs approximately 141 Support Workers within its' In-Home Respite Care and Special Services at Home Programs.

Our Vision - realizing potential for children and youth.

Our Mission - supporting children and youth with physical, developmental or communication needs, and their families.

Our Values - within the supportive context of the client's life and committed to safe, accessible and accountable teamwork, our values are: Respect, Inclusion, Diversity and, Empowerment (RIDE).

4. The Accessibility Working Group

The Accessibility Working Group's mandate is to ensure that Lansdowne Children's Centre meets its obligations under the *Ontarians with Disabilities Act, 2002* (ODA) to develop an annual Accessibility Plan. This is achieved by members providing input on what the plan should include as well as reviewing the annual plan.

2011/2012 Membership

Ahmed Abdalla, Systems Administrator
Shannon Purificati, Consumer Representative
Deborah Lustrinelli, Speech-Language Pathologist
Sandy Gdyczynski (Chair), Human Resources Director
Jennifer Huxley, Service Director

Christine Rudnick, Consumer Representative
Heather Shisler, Physiotherapist
Dana Wubben, Occupational Therapist

5. Lansdowne’s commitment to accessibility planning

Lansdowne Children's Centre is committed to :

- The continual improvement of access to our facility, policies, programs, practices and services for clients and their family members, staff, volunteers and members of the community;
- The participation of people with disabilities and family members in the development and review of its annual accessibility plans;
- Ensuring Lansdowne policies are consistent with the principles of accessibility; and
- The establishment of an Accessibility Working Group at the Centre.

6. Barrier-identification methodologies

The Accessibility Working Group will use the following barrier-identification methodologies:

Methodology	Description	Status
Presentation to Senior Management	Senior Management will be asked to provide input regarding barriers and will provide feedback regarding policies, programs, practices and services, and suggest ways/ means to address removal of barriers.	Ongoing
Presentation to Staff	Members of the Accessibility Working Group will speak at Agency Staff meetings. They will describe the mandate of the Group and invite input about barriers and provide feedback as appropriate. Staff will also be asked to provide their input through the annual Staff Satisfaction Survey or by other means such as the Workplace and/or Quality Management Committee.	Annually
Presentation to Board of Directors	Members of the Accessibility Working Group will provide information to the Board (via a Senior Management representative) to describe the mandate of the Group and initiatives for the coming year.	Annually
Consultations with Consumers	Within the Consumer Satisfaction Survey, the Accessibility Working Group will describe the Group’s mandate and ask Consumers to provide input about barriers and ideas about their removal.	Within Consumer Satisfaction Survey Completed up to 3x/year

7. Barriers identified

Lansdowne Children's Centre has identified barriers that will be addressed over the next several years. The list is divided into six types: (1) physical; (2) architectural; (3) communication/information and/or practice; (4) attitudinal; (5) technological; and (6) policies and practices. There are currently no identified physical barriers.

8. 2010-2011 Accessibility Plan Achievement Review

Barriers	Objective	Means to remove / prevent	Performance Criteria	Status
<p><u>Architectural</u> Increase in number of staff has created space issues (treatment, work and storage) for staff.</p>	<p>Ensure adequate space is available for staff.</p>	<p>Continue to investigate and implement facility revisions to address space issues for all staff.</p> <p>Participation as pilot site for <i>Space Planning for Children's Treatment Centres Guidelines</i> initiative</p>	<p>All staff will have adequate space in which to work.</p>	<p><u>ONGOING</u></p> <p>Deferred until adequate funding is provided by Ministry of Child and Youth Services.</p> <p>Furniture/therapy equipment in OT/PT reorganization as per architect design completed.</p> <p>Lansdowne is participating in a review of guidelines for <i>Space Planning for Children's Treatment Centres</i>. These guidelines have been prepared for the Ministry of Child and Youth Services by a consultant.</p> <p>In addition, Lansdowne has volunteered to be a pilot site for further design studies in this initiative with the hope that an opportunity will exist for design/renovation in the Occupational/Physiotherapy spaces. No further developments have occurred.</p>

<p><u>Architectural</u> Increase in number of staff and clientele has created parking issues.</p>	<p>Ensure adequate and safe parking is available.</p>	<p>On a short-term basis implement measures to ensure adequate and safe parking is available. Research long-term solutions for parking.</p>	<p>There will be adequate and safe access to parking.</p>	<p><u>ONGOING</u> Continue to research long-term parking solutions. Petitioning for parking by-law changes to allow for parking on both sides of Mt. Pleasant Street.</p>
<p><u>Architectural</u> Individual who are blind/visually impaired are challenged by transition areas such as doorways due to changes in lighting</p>	<p>Assist individuals who are visually impaired</p>	<p>Make necessary changes to building as recommended by specialist</p>	<p>Building will be made more accessible to individuals who are visually impaired</p>	<p><u>ONGOING</u> Recommendations were received from a Specialist, Orientation & Mobility from CNIB. No areas of immediate need. Areas to be addressed can be improved during next painting/signage replacement cycle.</p>
<p><u>Attitudinal</u> Staff is often unaware or lacking understanding of issues that may influence the manner in which they serve diverse populations.</p>	<p>Staff will develop greater awareness and understanding of issues that may influence the manner in which they serve diverse populations.</p>	<p>Provide educational sessions for staff and prepare material for the staff orientation binder.</p>	<p>Staff will increase their awareness and understanding of issues that may influence the manner in which they serve diverse populations.</p>	<p><u>ONGOING</u> In compliance with Customer Service Standards (AODA), staff received training in on how to interact and communicate with people with various types of disabilities. All new staff are provided with training upon orientation. Ongoing efforts will continue to provide training as the need arises.</p>

<p><u>Communication/Technological</u></p>	<p>Patient records are only available in print, which are not accessible to clients/families with learning disabilities and clients/families who are visually impaired.</p>	<p>Consult with learning disability specialist and the Canadian Institute for the Blind</p>	<p>Client families will have access to records which are in formats accessible to individuals who are visually impaired or are disabled in ways which prevent adequate literacy skills.</p>	<p><u>ONGOING</u></p>
<p><u>Communication/Technological</u></p>	<p>Centre website is not accessible to people who are blind or visually impaired or who use screen-reading software</p>	<p>Investigate options to ensure website is accessible to people who are blind or visually impaired.</p>	<p>Website accessible to people who are blind and visually impaired or who use screen-reading software when funding permits</p>	<p><u>ONGOING</u> Systems Administrator is researching options.</p>
<p><u>Physical</u> Courtyard/Playground area</p>	<p>Improve accessibility of playground situated in courtyard</p>	<p>Review of equipment meeting accessibility and safety standards</p>	<p>Playground will meet accessibility and safety standards as well as provide for enhanced therapy opportunities</p>	<p><u>IN PROGRESS</u> Fund Development Officer was actively seeking financial support from the private sector. Initial design has been drafted with input from stakeholders.</p>

9. Barriers that will be addressed 2011-2012

Barriers	Objective	Means to remove / prevent	Performance Criteria	Resources	Timing	Responsibilities
<p><u>Architectural</u> Increase in number of staff has created space issues (treatment, work and storage) for staff.</p>	<p>Ensure adequate space is available for staff.</p>	<p>Continue to investigate and implement facility revisions to address space issues for all staff. Specifically, physiotherapy and occupational therapy work/treatment spaces are to be prioritized as the next areas to be addressed</p> <p>Participation as pilot site for <i>Space Planning for Children's Treatment Centres Guidelines</i> initiative.</p>	<p>All staff will have adequate space in which to work.</p> <p>Greater options for treatment space will increase the availability of therapy appointments</p>	<p>Financial</p> <p>Human Resources for collaborative planning</p>	<p>Investigate and implement revisions on an ongoing basis.</p> <p>Contingent upon funding opportunities.</p>	<p>Senior Management in conjunction with Board of Directors.</p>
<p><u>Architectural</u> Increase in number of staff and clientele has created parking issues.</p>	<p>Ensure adequate and safe parking is available.</p>	<p>Continue to research long-term solutions for parking.</p>	<p>There will be adequate and safe access to parking.</p> <p>Additional spaces for clients.</p>	<p>Financial</p>	<p>Undetermined</p>	<p>Senior Management in conjunction with Board of Directors.</p>

<p><u>Architectural</u> Individuals who are blind/visually impaired are challenged by transition areas such as doorways due to the changes in lighting.</p>	<p>Assist individuals who are visually impaired.</p>	<p>Implement recommendations made by blind/low vision consultant</p>	<p>Individuals who are visually impaired will find transitioning through spaces easier</p>	<p>Financial</p>	<p>Undertake during next cycle of painting /signage replacement</p>	<p>HR Director</p>
<p><u>Attitudinal</u> Staff may be unaware or lacking understanding of issues that may influence the manner in which they serve diverse populations.</p>	<p>Staff will develop greater awareness and understanding of issues that may influence the manner in which they serve diverse populations.</p>	<p>Provide educational sessions for staff.</p>	<p>Staff will increase their awareness and understanding of issues that may influence the manner in which they serve diverse populations.</p>	<p>Financial Human Resources</p>	<p>Ongoing – continue to provide training as required.</p>	<p>Senior Management.</p>
<p><u>Communication/ Technological</u></p>	<p>Patient records are only available in print, which are not accessible to clients/families with learning disabilities and clients/families who are visually impaired.</p>	<p>Consult with learning disability specialist and consultants for the visually impaired/blind.</p>	<p>Client families will have access to records which are in formats accessible to individuals who are visually impaired or are disabled in ways which prevent adequate</p>	<p>Financial</p>	<p>Research into other means of providing information is ongoing.</p>	<p>Senior Management</p>

			literacy skills.			
<p><u>AODA “Integrated Regulation”</u></p> <p>Communication/ Technological</p>	<p>Meet Obligations under AODA</p> <p><i>Integrated Accessibility Standards</i></p> <p>regulation with respect to Information and Communication Standard</p>	<ol style="list-style-type: none"> 1. Feedback accessibility 2. Accessible formats and Communication Supports 3. Emergency procedure, plans 4. Accessible websites and web content 	<p>Obligations will be met</p>	<p>Financial/ Human Resources</p>	<ol style="list-style-type: none"> 1. January 1, 2014 2. January 1, 2015 3. January 1, 2012 4. January 1, 2014 	<p>Senior Management</p> <p>Business Director</p>
<p><u>AODA “Integrated Regulation”</u></p> <p>Employment Standard</p>	<p>Meet Obligations under AODA</p> <p><i>Integrated Accessibility Standards</i></p> <p>regulation with respect to Employment Standard</p>	<ol style="list-style-type: none"> 1. Accessible Formats and Communication Supports for employees 2. Emergency Response Information for Employees 3. Documented Individual Accommodation Plans 4. Return to Work, Performance Management, Career Development 	<p>Obligations will be met</p>	<p>Financial/ Human Resources</p>	<p>January 1, 2014</p>	<p>Human Resources Director</p>

<u>Physical</u> Courtyard/ Playground area	Courtyard/ playground area will be accessible to all clients for use in therapy and/or recreational purposes.	Draft design has been developed. Next step is to obtain funding support.	Playground area will meet accessibility and safety standards as well as provide for enhanced therapy opportunities	Human Resources Financial	To be aligned with recommendation s made by Ministry regarding capital	Senior Management Fund Development Officer

10. Review and monitoring process

The Accessibility Working Group will meet twice annually to review progress. Meeting minutes will be recorded and made available for review.

Members of the Working Group will also be available to make presentations and update information to staff, Senior Management and the Board of Directors on a routine basis. Ongoing evaluation of the effectiveness in implementing the barrier-removal and prevention strategies will occur throughout the year.

11. Communication of the plan

The accessibility plan will be posted on the Lansdowne Children's Centre website and hard copies will be made available from Lansdowne's Resource Centre and through Human Resources. On request, the Plan can be made available in alternative formats, such as computer disk, in electronic text or in large print. Updates regarding the plan will be provided to staff through internal e-mail. During the orientation process, new Lansdowne Children's Centre staff will be advised of and be encouraged to review the Plan. Updates regarding the plan will be provided, as appropriate, to clients through the agency newsletter, which is distributed twice annually.