

## **Increasing Accessibility**

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| <b>Date:</b>             | July 2, 2008  |
| <b>To:</b>               | Advisory Committee on Long Term Care Homes and Services |
| <b>From:</b>             | General Manager, Long-Term Care Homes and Services      |
| <b>Wards:</b>            | All   |
| <b>Reference Number:</b> |   |

### **SUMMARY**

The City of Toronto developed Accessibility Design Guidelines for use by all divisions to plan developments and work towards making Toronto a barrier-free community.

Based on the human rights principles of respect, dignity and inclusion, the Guidelines are a key component of the City's Accessibility Plan and meet the City's objectives under its Plan of Action for the Elimination of Racism and Discrimination. The Guidelines are also in keeping with the City's Official Plan which states: "A key city-building principle is that public buildings, parks and open spaces should be open and accessible to all members of the public."

The Long-Term Care Homes and Services Division strives to continually make all locations and services barrier free. The division's strategic plan provides strategic directions and guides the development of goals and objectives related to accessibility. Capital expenditures have been approved to increase accessibility for residents, clients, families, volunteers and staff and projects have been designed and completed to decrease barriers.

Barriers to physical access are more easily seen and corrected than non-design barriers. Due to the nature of the health care services provided, the homes and community programs have a strong history of being accessible. For example, during 2008, the following enhancements have been completed or are in progress with respect to design accessibility:

1. Bathroom renovations in four (4) homes that include the replacement of faucets with wide paddle handles for ease of use for persons with limited mobility;
2. Closet door replacement to increase access and safety for residents with limited mobility;

3. Lighting replacement and upgrade to improve safety;
4. The resurfacing of parking lots and repair of walkways and pathways;
5. The retrofitting of an elevator in one (1) home with lower buttons in Braille and with audible signals;
6. The replacement of stairs with a barrier free ramp to allow residents access to an open outdoor garden area;
7. The piloting of an information kiosk with wheelchair access in one (1) home, with plans to implement kiosks in the remaining homes by year-end;
8. The supportive housing project at 111 Kendleton was retrofitted with accessible apartments.

However, the concept of social inclusion also needs to be considered when discussing accessibility. Social inclusion promotes the open, welcome and supported participation of all people in planning and decision-making affecting their lives. It incorporates non-design accessibility and provides opportunities for the optimal well-being of all.

In addition to the work done related to design accessibility, the following enhancements have been completed or are in progress with respect to non-design accessibility:

1. The development and ongoing work through collaborative models of care with various ethno-racial, linguistic and/or cultural groups to ensure the provision of care and service that respects the traditions, backgrounds and values of residents and clients;
2. The development of a network of interpreters, within the homes and the community to assist in translating and explaining aspects of care and/or service;
3. The update of the division's website has been designed with the home page translated into six (6) languages;
4. The design of care, service and program options for younger adults who require long-term care, including those with neurodegenerative diseases and those with intellectual disabilities;
5. The development of lesbian, gay, bisexual and transgender (LGBT) positive services and the creation of a toolkit to guide staff in LGBT positive care;
6. The expansion of customer service hours in all homes to assist residents, visitors and telephone callers with personal, appropriate and timely response;
7. The continuation of the 'Just for Families' series of information brochures to provide important information for residents, clients, their families and the public (all 'Just for Families' are posted on the website);
8. The supportive housing program at 111 Kendleton, developed to incorporate supportive housing services for marginalized seniors, including those who were previously homeless and/or those with mental health issues; and
9. The new supportive housing project planned for 2008 at 55 Bleecker Street, which will provide supportive housing services for individuals with mental health issues.

In terms of staff accessibility to work in the event of illness or a work-related injury, the division has enhanced return to work opportunities (both short-term and long-term) for modified work.

This is not an exhaustive list of the capital and non-design projects the division has undertaken (or is undertaking) to increase accessibility, but is provided solely as example.

It is important, for planning purposes, to review what has been accomplished and what should be addressed as current priorities. The division will be initiating a review of its strategic plan in the fall of 2008 and is seeking the advice of the Advisory Committee on Long-Term Care Homes and Services related to priorities for accessibility and inclusiveness.

### **Financial Impact**

There are no financial implications arising from this report.

### **ISSUE BACKGROUND**

For many people in Toronto, the city provides an abundance of opportunities and experiences free of limitations imposed upon them by building design. For Torontonians with disabilities however, the building environment imposes a number of obstacles that limit their ability to move about freely and safely. In response, staff developed the Accessibility Design Guidelines with the aim of:

1. making all City-owned buildings accessible to all communities; and
2. responding to the multiple and varying needs of those requiring accommodation.

Toronto's population is aging. By 2031, it is projected that seniors will make up 17 percent of Toronto's population, an increase of 42 percent from 2001. We know that the disability rate increases with age – the disability rate reported for persons aged 65 and over is more than 40 percent and for persons 75 and over is more than 50 percent. These demographic implications are obvious and will drive the need for continued change.

### **COMMENTS**

Accessibility and social inclusion do not imply assimilation or conformity to a norm. Rather, the terms suggest that the division must take an active role in reaching out to all communities to make sure they have the supports and opportunities they need to succeed.

The Long-Term Care Homes and Services Division has a rich history in the development and provision of high quality services and has worked closely with various communities to ensure that services are sensitive, responsive and accessible – but as Toronto and its residents change, so too must the division's programs.

Community members may not be fully aware of the range of services offered by the division and/or its community partners. Some staff may not easily recognize processes that could easily be adapted to ensure improved accessibility to various services. Some

staff may not fully understand the special religious or cultural accommodations that may be necessary to enable the participation of new residents.

The division summarizes its mission through three words – RESPECT – SUPPORT – ENABLE – for all persons. This includes the right to dignity, individualized accommodation, integration and full participation. This is also described in the Ontario Human Rights Commission’s The Duty to Accommodate, as follows: “Human dignity encompasses individual self-respect and self-worth. It is considered physical and psychological integrity and empowerment. It is harmed when individuals are marginalized, stigmatized, ignored or devalued. Privacy, confidentiality, comfort, autonomy, individuality and self-esteem are important factors as well as to whether an accommodation maximizes integration and promotes full participation in society.”

With these principles in mind, achieving integration and full participation for persons with disabilities requires barrier-free and inclusive designs of buildings and programs – further, it requires removing the barriers whenever possible or reducing the barriers if full removal is not feasible. Although the division has accomplished a significant amount of work in terms of accessibility, there is ongoing opportunity to enhance access.

The Advisory Committee on Long-Term Care Homes and Services is being asked to provide advice regarding the barriers being experienced by different communities and suggest opportunities for the division to improve accessibility. Staff will take these suggestions and consider them in the upcoming review of the division’s strategic plan.

Building accessibility and inclusiveness is a continually evolving process. The outcomes the division seeks to achieve in the years to come include:

- Advocacy strategies to various levels of government and community partners to improve accessibility and inclusiveness;
- Strengthened partnerships with key stakeholders to ensure integrated approaches in addressing accessibility and social inclusion success;
- Services that continue to recognize, respect and accommodate differences amongst communities and that are shaped by those affected by the service;
- Services that use new technologies and delivery innovations to improve effectiveness and efficiency; and
- Concerted efforts to engage and include communities in building better ways of identifying and meeting their needs.

## **CONTACT**

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## **SIGNATURE**

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