

CTN Accessibility Planning 2017-2022

CTN is committed to identifying and addressing barriers to accessibility to:

- Enhance quality of life for the people we serve
- Implement non-discriminatory workplace practices
- Meet our legal and regulatory requirements related to AODA
- Meet the expectations of our stakeholders related to accessibility

This document identifies barriers in 10 areas of focus. Those in bold identify areas that are a priority for 2017/2018:

Architecture	Transportation
Environmental	Community Integration
Attitude	Employment
Finances	Technology
Communications	Other

Plan

- Information has been gathered through a variety of processes, and reviewed by an **Ad Hoc Accessibility Task Group**
- The barriers have been prioritized for action and timeframe by the management team, based on recommendations from an Ad Hoc Accessibility Task Group
- Barriers prioritized for action in the current year are listed below, and included in the operating plan and budget
- Progress will be reported on regularly to the Board and the Quality Committee with new priorities set for 2018-2019

Summary of Current Year Priorities

Barriers identified as priorities for action in 2017-2018 include:

- Lack of an electrical outlet in the Markham site accessible bathroom to allow the use of the adolescent change table
- The current provision of therapy which is limited to either site OR school based services without consideration of client and family needs/goals/limitations
- Travel distances for families to access specialty services
- Need for identification of accessible transportation options in small towns or remote areas
- The lack of a childhood disability representatives on municipal Accessibility Committees within the CTN catchment
- Confusion about how the network works – need for a Guide to CTN Services

Current Year Priorities 2017-18

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Focus Area 1: Architecture				
Markham - Bathroom has change table but no plug to power it and no lift to access it.	May 2017	Install plug and purchase lift system.	Dec 2017	Completed
Focus Area 2: Environmental				
School-aged hosted OT/PT therapy provided by certain partners is only offered in the clinic environment (unless home accessibility concerns identified) – It may be difficult for families to access this service (two working parents, transportation barriers, etc.) Consultation only is provided at home or	May 2017	Develop therapy guidelines outlining various options for service delivery. Provide school/home based options as required. Guidelines will be developed by balancing efficiency, risk, and the preference of the client and family.	Rollout Sept 2018	Initial Proposal accepted and service delivery revisions in development
School-aged therapy in Simcoe provided primarily in schools and sites rarely utilized		Develop therapy guidelines outlining various options for service delivery. Provide school/home and clinic based options as appropriate. Guidelines will be developed by balancing efficiency, risk, and the preference of the client and family.	Rollout Sept 2018	Initial Proposal accepted and service delivery revisions in development
Focus Area 4: Finances				
Families who attend therapy appointments on a regular basis frequently have to take time off work to accommodate, resulting in lost income.	May 2017	Provide a variety of options for therapy including coaching, groups, etc. Provide therapy during off work hours such as evening and weekends.	Rollout Sept 2018	Initial Proposal accepted and service delivery revisions in development
Focus Area 6: Transportation				
Lack of community transportation in more remote areas.	May 2017	Investigate local transportation options and share this information with our families.	April 2018	In process

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Focus Area 7: Community Integration				
The lack of a childhood disability representative on municipal Accessibility Committees within the CTN catchment	June 2017	Advocate for families of children with special need to sit on Accessibility Committees. LTFs to identify which committees are lacking a child disability representative/voice.	March 2018	In process

Full 2017-2022 Plan

Focus Area 1: Architecture

Examples include: access to buildings, ramps, elevators, doorways, accessible bathrooms

Barrier Identified	Date Identified	Action Plan	Target Date	Status
BCR – Door from reception to back area is difficult for w/c access.	March 2017	Install push button access.		Completed
BCR – Door into w/c washroom (just inside from reception) is difficult for w/c access.	March 2017	Install push button access.		
BCR – No adolescent sized change table available. * no bathroom large	March 2017	Create space and purchase lift + change table.		
OCR – No adolescent sized change table.	March 2017	Purchase change table and lift.		Completed
Midland – Bathroom door is difficult for w/c access.	March 2017	Install push button access.		To be installed March 2018
Midland - Difficult access from the back of the building.	March 2017	Level the parking lot and change the curb.		
Midland – Team room door is difficult for w/c access.	March 2017	Install push button access.		
Midland – Door between adult and child side is difficult for w/c access.	March 2017	Install push button access.		
Markham - Bathroom door is difficult for w/c access.	March 2017	Install push button access.		Completed
Markham – Climate control is unpredictable.	June 2017	Advocate to landlord to investigate cause and repair as needed.		
Markham - Bathroom has change table but no plug to power it and no lift to access it.	May 2017	Install plug and purchase lift system.	Dec 2017	Completed
Southlake - Door in the main hallway is not w/c accessible.	April 2017	Install a push button access.		
Alliston - Bathroom door is difficult for w/c access.	March 2017	Install a push button access.		REMOVED FROM LIST DUE TO SITE CHANGES
Georgina – No lift to access change table.	May 2017	Purchase lift.		Completed

Alliston - No adolescent change table and insufficient space in current bathrooms.	June 2017	Limited space available for construction of larger bathroom. Therefor installation of privacy curtains in the gym around the plinth.		REMOVED FROM LIST DUE TO SITE CHANGES
Collingwood – No lift to access adolescent change table.	March 2017	Install lift system to access change table and toilet.		Completed
All sites - Individuals with physical limitations may have difficulty with manual flush toilets.	May 2017	Investigate toilets requiring automated flush. Investigate budget implications. Incorporate into replacement plan, where possible.		
Collingwood - Exterior access limitations.	March 2017	Pave the sidewalk from the back parking lot to the front.		
Oak Ridges – Difficult ramp from parking lot to door at the back of the	June 2017	Reconstruct ramp as required.		
Limited accessible parking (multiple sites).	May 2017	Advocate for increase in accessible parking spots at all sites		
Lack of accessible kitchen in sites for ADL training.	June 2017	Create an accessible kitchen in 2 sites.		

Focus Area 2: Environmental

Examples include: locations or characteristics of setting that impedes service delivery, such as low lighting, noise, feeling safe, too open to protect confidentiality, fragrances or allergens

Barrier Identified	Date Identified	Action Plan	Target Date	Status
School-aged hosted OT/PT therapy provided by YRDSB is only offered in the clinic environment (unless home accessibility concerns identified) – It may be difficult for families to access this service (two working parents, transportation barriers, etc.) Consultation only provided at home or in schools	May 2017	Develop therapy guidelines outlining various options for service delivery. Provide school/home based options as required. Guidelines will be developed by balancing efficiency, risk, and the best interest of the client and family.	Roll out Sept 2018	Initial Proposal accepted and service delivery revisions in development
School-aged therapy in Simcoe provided primarily in schools and sites rarely utilized		Develop therapy guidelines outlining various options for service delivery. Provide school/home and clinic based options as appropriate. Guidelines will be developed by balancing efficiency, risk, and the best interest of the client and family.	Roll out Sept 2018	Initial Proposal accepted and service delivery revisions in development

No sedation available for Botulinum Toxin-A injections for children in York. (Families requiring sedation must use the Holland Bloorview Clinic.)		Speak with new physician re: succession planning and hospital privileges.		
Family survey indicates that time pressures are the third largest stress for our families: all appointments, especially those outside of school and requiring parents to pick up and transport their children during work hours would increase this stress.		CSP to help arrange appointments and scheduling. Improve collaboration with service providers to allow joint visits. Provide appointments in the evening/weekends. Deliver service through a variety of models including those with decreased frequency, e.g., coaching, workshops, etc.		OT PT Service Delivery in revision to allow for alternate hours and modes of service delivery
Lack of private space at sites for confidential phone calls (team rooms often busy and loud).		Find and identify appropriate space in each site for confidential phone calls.		

Focus Area 3: Attitude

Examples include: Assumptions or biases that impact access to services such as capabilities or function based on age, ethnicity; admission criteria that screen out eligible clients

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Outcome measures used by therapist may not be culturally sensitive.	June 2017	Collect measures that have been adapted elsewhere to be culturally appropriate. Adapt measures most commonly used within CTN to be sensitive to common cultures within CTN client population.		
Lack of awareness regarding the need to be sensitive to cultural and personal client preferences (in relation to customs, religion, and view of children with special needs).	May 2017	Education and training around cultural and personal client preferences.		Cultural Comp. Training to CTN corporate staff Dec 2017
Lack of opportunities to learn about cultural differences/preferences (in relation to customs, religion, and view of children with special needs).	June 2017	Lunch and Learns with case examples. Information in FLF.		

Lack of understanding and associated judgement about the use of medical marijuana.	June 2017	Education around the use of medical marijuana.		
Judgement of families who are not able to follow through with therapy at home vs. understanding of their priorities in that moment.	June 2017	Training such as Bridges Out of Poverty.		Several CTN staff attended Bridges Out of Poverty Fall 2017

Focus Area 4: Finances

Examples include: insufficient funding to provide services; limited client funding for additional needs (botox?)

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Access to service is impacted by insufficient funding to meet demand (waitlists).	May 2017	Continue to develop tier 1-2 services. Triage wait lists and provide education and workshops while on the wait list. Utilize shared record to triage waitlist. Create therapy assessment clinics to provide brief intervention therapy and decrease wait times. Create pathways to encourage use of a range of models of service delivery. Increase education on the life needs model and 6 "F"s.	Roll out Sept 2018	OT PT Service Delivery in revision to address this issue.
Many families are challenged by the financial costs associated with equipment needs.	May 2017	Continue to provide services such as SPOC, CSP, and BFR to assist with funding options. Continue to provide Family Fund.		Family Fund Continues to collect funds. Large loan program in development and pending sustainable funding.
Insufficient funding to create equipment lending pool to increase accessibility of equipment resources for families.	Jan 2017	Develop proposal for large equipment pool, investigate funding grants to initiate program. Advocate for additional funds.		One funding grant submitted (unsuccessful). Several pieces of equipment collected from donations.

Families who attend therapy appointments on a regular basis must take time off work to accommodate, resulting in lost income.	May 2017	Provide a variety of options for therapy including coaching, groups, etc. Provide therapy during off work hours such as evening and weekends.	Roll out Sept 2018	Initial proposal accepted and service delivery revisions in development
Insufficient funding to provide services for children outside the inclusion criteria and lack of additional community services to offset their needs (e.g., GMFCS I-II)	May 2017	Re-evaluate therapy criteria. Establish therapy guidelines/pathways for the delivery of services. Increase mediator capacity, use of broader continuum. Advocate for additional funds.	Roll out Sept 2018	Criteria being reviewed and revamped. Guidelines and pathways in development.
Development of Seating and Mobility clinic is limited by funding.	May 2017	Continue to evaluate the current system and research best practice for seating and mobility service delivery.		
Family survey results indicate that financial limitations are the number two stress for our families	May 2017	Family Fund, CSP, SPOC, BFR for funding applications / support. Increase use of family mentors.		Family mentor program expanded with new grant.
Limited funds for specialty programs above and beyond current therapy provisions (e.g., summer camps run by school board staff).	June 2017	Advocate for funding. Investigate grants. Investigate alternative funding arrangements (flexible hours, etc.).		

Focus Area 5: Communications

Examples include: lack of translation materials; lack of assistive technology such as hearing amplification; website accessibility

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Individuals who do not communicate in English may not be able to participate fully in family education.	May 2017	Implement interpreter protocol regarding necessary use of interpreters. Grow capacity re: informal interpreters. Develop translated materials.		In services being provided on translator options in Jan 2018.

Predominately English communication with large multi- language population.	May 2017	Increase use of interpreters. Improve clinician knowledge on how to use interpreters. Pamphlets and event flyers in alternative languages. Update website accessibility. Maximize use of Google translate. Possible webinars or seminars for families		
Difficulty having a warm transfer between CTN and agencies with less robust access to	June 2017	Communicate with partners to find appropriate solutions.		
Some families do not have internet access (CTN relies heavily on the website).	May 2017	Continue to make information to available to families in various		
French speaking families may have difficulty understanding English communications.	May 2017	Identify and increase French speaking staff. Translations for communications and event fliers. French version of the website. Utilize recent grant funding for these initiatives.		In process by staff hired through grant funds.
Website accessibility limited.	May 2017	Review accessibility per AODA standards Maximize accessibility above AODA standards.		
Confusion on how the Network works.	Family surveys	Improved clarity regarding what is CTN, roles of CTN vs partners, and clarification on who to call when. Increased communication with community and well as provincial health partners regarding the services we provide. Create and make available Family Guide as handbook for families using CTN services	Fall 2017	Family Guide completed Fall 2017

Focus Area 6: Transportation

Examples include: inability to get to service locations; limited affordable public transportation

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Oak Ridges - Parking is limited during peak appointment days resulting in families needing to walk distances, or be delayed for their appointment.	May 2017	Continue to limit staff parking to the perimeter.		
Families may have to drive up to an hour to access specialty services such a Spasticity Management Clinic, pool, etc.	May 2017	Will analyze data related to demographics of clients attending specialty clinics. This will allow CTN to identify areas of need/high use/ and/or long travel.	April 2018	In process
Lack of community transportation in more remote areas.	May 2017	Investigate local transportation options and share this information with our families.	April 2018	In process

Focus Area 7: Community Integration

Examples include: Barriers to returning to full participation in community of choice, such as participating in sports; limited by lack of lift at swimming pool, lack of scheduling for adaptive sports programs; lack of accommodation for community participation, volunteer work

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Limited/no adapted recreation programs in many of our communities.	May 2017	Continue to promote accessible sport through initiatives such as wheelchair basketball, Try It On Days. Continue to liaise with municipalities regarding recreation opportunities for individuals with special needs.		Temp one time funding Jan-Mar 2018 to expand opportunities and awareness.

Adapted recreation programs being cancelled due to lack of enrollment.	May 2017	Continue to promote accessible sport through initiatives such as wheelchair basketball, Try It On Days. Continue to liaise with municipalities regarding recreation opportunities for individuals with special needs. Increase promotion of these programs to families.		Temp one time funding Jan-Mar 2018 to expand opportunities and awareness.
Recreation programs that do exist are not accessible or affordable.	May 2017	Work with families to access funding. Partner with community groups to improve access and reduce cost.		Temp one time funding Jan-Mar 2018 to expand opportunities and awareness.
Limited/no access to therapy pools outside of Barrie and Newmarket.	June 2017	Investigate partnerships with community centres, colleges, etc.		
Current view by many staff and family that recreation programming is not therapy.	June 2017	Continued education regarding the 6 "F"s of childhood disability.		
Limited accessible parks in our communities. (The lack of a childhood disability representative on municipal Accessibility Committees within the CTN catchment)	May 2017	Advocate for families of children with special need to sit on Accessibility Committees. LTFs to identify which committees are lacking a child disability representative/voice.	March 2018	In process
Limited recreation therapist resources.	May 2017	Advocate for growth of this program		

Focus Area 8: Employment

Examples include: lack of understanding about treatment onsite as part of successful return to work; inability to modify work requirements or provide accommodations

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Lack of opportunities for youth with disabilities to be hired by CTN for meaningful work (regular and summer).	June 2017	Investigate possible opportunities.		
Lack of opportunities for co-op placements for youth with disabilities		Investigate possible opportunities. Work with partners to create opportunities.		

Focus Area 9: Technology

Examples include: lack of adaptive equipment or software

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Cost of ensuring ACCS equipment remains current given rapidly developing technology.	May 2017	Advocate for budget allocation changes.		
Large print is not available on GoldCare.	June 2017	Investigate accessible features of Goldcare.		

Focus Area 10: Any other barriers identified

Examples include: any other barrier to diagnostic, therapeutic, rehab such as adaptive equipment, resources.

Barrier Identified	Date Identified	Action Plan	Target Date	Status
Restricted ability to provide post diagnostic support around complex diagnosis.		Work with partners to develop and on-going plan. Advocate for funds to develop a more robust program.		
Lack of understanding or training around complex diagnosis may limit/impair activities and therapies within CTN.	May 2017	On-going professional development. Continue to support inter- professional practice and the provision of peer support.		

LEGEND:

BCR	Barrie Common Roof
OCR	Orillia Common Roof
w/c	Wheelchair
ADL	Activities of Daily Living
OT/PT	Occupational Therapy/Physical Therapy
YRDSB	York Region District School Board
CSP	Coordinated Service Planning
CTN	Children’s Treatment Network
LTF	Local Team Facilitator
FLF	Front Line Focus
SPOC	Single Plan of Care
BR	Brief Resource
GMFCS	Gross motor functional classification system
AODA	Accessibility for Ontarians with Disability Act