

Hart House, University of Toronto  
ACCESSIBILITY PLAN  
2004-07

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Revised November 2005

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## **INTRODUCTION**

### **1. ABOUT HART HOUSE**

Hart House is the symbolic heart of the University of Toronto and the student centre for all students. Since 1919, Hart House has welcomed students, staff, faculty and alumni into a community filled with literally thousands of social, cultural and recreational activities organized each year by students and senior members. Many activities and services of the House are also used by the wider community, from the very young to the venerably old, making the House both a bridge between city and university and a gateway to the university.

Hart House's Founders' Prayer and its Strategic Plans for 1997-2002 and 2002-07 commit the House to being a place where all students can enjoy shared experiences and a sense of home at the university and where all members of the university community are welcome. The House is open 365 days of the year from early morning until midnight and approximately 6,000 people use Hart House each day. Its five floors include a 454 seat theatre, dark rooms for photography, the campus box office, the Arbor Room cafeteria, a 25 yard swimming pool, a full-scale athletics facility with an indoor track, gyms, cardio and weight rooms, the Great Hall, several common rooms, numerous meeting rooms, the Justina M. Barnicke Art Gallery, the library, the music room, the debates room, the Gallery Grill restaurant, the warden's apartment, a hair-cutting salon, a store, the porters' desk, catering kitchens which support a multi-million dollar catering business and staff offices.

### **2. ADDRESSING PHYSICAL BARRIERS**

When the House was designed in the early 1900s, the architects included wide hallways, wide doors, generously-sized rooms and marble and wood floors without thresholds. As a result, most of the essential interior structure of the House does not need to be changed to make it accessible to everyone; however the House was not accessible from the outside due to stairs and heavy oak doors. In order to begin to address the physical barriers to Hart House, the first floor of the House was made accessible in the mid-1980s when a ramp to the west side doors was constructed during the construction of the art gallery. Automatic door openers were installed by the west entrance. An accessible washroom across from the Great Hall was also constructed.

Prior to September 23, 2004, access to all but the first floor was not possible due to the lack of a public passenger elevator. In 1997 the accessibility project was created to address this barrier. The project included the installation of a large elevator reaching all five floors from a central location, the construction of a corridor joining the east and west sides of the House on the basement level to

provide access to the athletics facility, and the creation of accessible washrooms on the second and third floors. For the next several years, funds were raised to pay for the \$2 million project. The corridor was constructed in the summer of 2001. The elevator was constructed between August 2003 and September 2004. It was officially opened on September 23, 2004. With the renovation of the washrooms, planned for 2005-06, the project will be complete.

In October 2005, Hart House and our architect, Ihor Kotowycz, were awarded Heritage Toronto's Award of Excellence for "the sensitive and creative installation of an elevator while maintaining the historical integrity of the interior and exterior of Hart House.

### 3. ACCESSIBILITY PLANNING

#### a. AT THE UNIVERSITY OF TORONTO

In December 2001, the Ontarians with Disabilities Act (ODA) received Royal Assent. It requires institutions in the broad public sector, including universities, to review policies and develop annual accessibility plans. The University of Toronto filed its first ODA plan in September 2003 and its second one in September 2004. U of T approved a new Statement of Commitment Regarding Persons with Disabilities (Appendix A) in October 2004. The plan is available at [www.accessibility.utoronto.ca](http://www.accessibility.utoronto.ca).

#### b. AT HART HOUSE

Recognizing that addressing the physical barriers to the House was only part of making the House an accessible place, the Hart House Barrier Free Planning Group was established in August 2004 to create an accessibility plan. It was made up of relevant staff and students and included people who have disabilities and expertise in creating accessibility.

The group met 5 times between August and November 2004 and went on 3 tours covering virtually all of Hart House. They agreed on a working definition of "disability" and educated themselves about the prevalence of disabilities and barriers of all sorts. Working with the University of Toronto's ODA plan as a model, the group described initiatives undertaken to date in the categories of attitudes and student life, policy and procedure, information and communications, physical facilities, technology – adaptive and human resources. . They then identified 25 barriers to access and determined 35 initiatives to resolve them. Financial implications were identified if possible and initiatives were prioritized.

The plan covers the next three years, 2004-07, to synchronize it with the cycle of the current Hart House 5 year plan. It is understood to be a plan which must continuously evolve as new opportunities emerge, new barriers are identified and new ways to resolve them are found. Initial priorities are recommended to be

staff training, signage, the purchase of some adaptive technology items and accessible washrooms. The first step in implementation will be to establish timelines and assign responsibilities. It is recommended that the plan be reviewed each year by August 30<sup>th</sup> to coincide with the annual review and update of the University's ODA plan and in preparation for the annual budget process.

#### 4. DEFINITION OF DISABILITY

There are a number of definitions of disability. For the purposes of the ODA report, the University is using the definition in the ODA which is:

The term "disability" is defined as follows in the Ontario *Human Rights Code*, R.S.O. 1990, c.H.19, as amended from time to time.

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

(b) a condition of mental impairment or a developmental disability,

(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

(d) a mental disorder, or

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

The Hart House Planning Group found the discussion of the definition of "disability" in the Graduate Students' Union Accessibility Report, April 2003, to be very useful and it is as follows:

There are currently many definitions of "disability" that are in use, most of which are social in nature. That is, a person is considered "disabled" if he or she is unable to meet society's definition of able-bodied. Divisions of the Federal and Provincial governments each use their own specialized definitions. For example, the Ministry of Training, Universities and Colleges uses a definition specific for OSAP applications, while the provincial transportation ministry defines a physical disability as a condition which "prevents a person from walking 200 metres or more without serious

possibility of physical harm to themselves or another person.” There are at least three different definitions in use by the government at this time.

For the purposes of this document, we shall use the World Health Organization definitions, presented online ([www.who.int/icf](http://www.who.int/icf); document links available through the Accessibility Issues page on the GSU site).

The WHO model presents the “medical model” and “societal model” of disability. In the medical model, the disability is an inherent condition – caused by disease, genetics or other factors intrinsic to the individual – that can be medically treated. The societal model calls for a disability to be imposed on the individual by societal preconceptions and perceived limitations. The reality is somewhere in the middle – physiological and/or psychological conditions may indeed lead to disability, but the degree of disability experienced by the individual depends on his or her circumstances and societal environment. Thus, it becomes entirely possible for two people with the same physiological conditions to have very different levels of “disability” and coping techniques.

The planning group recommends that this definition of “disability” be used in Hart House’s Statement of Commitment Regarding Persons with Disabilities.

## 5. DEFINITION OF BARRIER

U of T’s ODA plan defines a barrier as anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability. Barriers may be physical, architectural, informational, attitudinal, technological or related to communications. Barriers may be a policy or a practice. The Hart House Accessibility Plan uses the same definition of barrier.

The following are examples of barriers:

BARRIER TYPE	EXAMPLE
Physical	Door knob that cannot be operated by a person with limited upper-body mobility and strength
Architectural	A hallway or door that is too narrow for a wheelchair or scooter
Informational	Typefaces too small to be read by a person with low-vision
Attitudinal	Receptionist who ignores customer in wheelchair
Communicational	Professor who talks loudly when addressing a deaf student
Technological	Paper tray on printer which requires 2 strong hands to adjust

Policy/practice	A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly
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## HART HOUSE ACCESSIBILITY PLAN 2004-07

### 1.0 ATTITUDES AND STUDENT LIFE

#### 1.1 Focus

This section focuses on attitudinal barriers as they affect people with disabilities and the Hart House community as whole, and how these inherited attitudes further affect student life. Attitudes are a societal outgrowth; no single constituency can address attitudinal barriers alone. Although attitudinal barriers may play themselves out in individual interactions, the source of some attitudinal barriers may lie in systemic discrimination against people with disabilities in our society as a whole and in the historic invisibility of disability issues. As described in A Guide to Annual Accessibility Planning, Ministry of Citizenship, [www.gov.on.ca/citizenship/accessibility/index.htm](http://www.gov.on.ca/citizenship/accessibility/index.htm), “many people with disabilities identify attitude as the major barrier they encounter. People with disabilities experience attitudinal barriers as stigma and prejudice. Attitudinal barriers, when unchallenged, serve to legitimate discrimination.” Attitudinal barriers are a component of all other barriers and issues identified in this accessibility plan.

This section will also focus on non-academic aspects of student life including access to social, recreational and cultural activities. It is important to note that students with disabilities at the University of Toronto should be able to participate in all aspects of student life both within and outside the classroom.

#### 1.2 Review of Initiatives Undertaken to Date

- 1.2.1 In August 2004, Hart House signed a Memorandum of agreement with Students For Barrier-free Access to participate in the development of a drop-in centre that provides services, advocacy, information and a social space for student with disabilities on campus. The centre has been open in the East Common Room since late September for three days a week. Additional events such as pubs in the Arbor Room and workshops are being offered.

- 1.2.2 Tours of Hart House have been organized to raise awareness about accessibility issues.
- 1.2.3 Hart House has provided financial support for two annual student-organized conferences on “Breaking Down Barriers”. The warden has attended both conferences.

### 1.3 Barriers to be addressed

Attitudinal barriers towards people with disabilities are manifested in our society in a range of ways. These include:

- a. General lack of awareness of disability issues and their multi-faceted impact on students, staff and faculty.
- b. Believing that an individual with a disability is inferior and does not possess the same level of skills that another person who does not have a disability might have.
- c. Defining a person by the equipment (e.g. wheelchair, white cane) that he or she uses.
- d. Exhibiting pity and patronizing behaviour towards a person with a disability.
- e. Regarding a person’s abilities and accomplishments through the lens of his or her disability.
- f. Assuming that a person with a disability is unable to perform a task without giving the person the opportunity to attempt it.
- g. Assuming that a person’s condition negatively affects the entire person (e.g. shouting at a person who is blind)
- h. Stereotyping a person using either negative or positive generalizations (e.g. people with mental health problems are violent or dangerous).
- i. Believing that people with disabilities are privileged and given unfair advantages (e.g. not expected to perform to the same standards as their co-workers).
- j. Denying that “hidden” conditions are disabilities.
- k. Avoiding contact with a person with a disability for fear of saying or doing something wrong.
- l. Believing that a person with a psychiatric disability is not intelligent.
- m. Assuming that a person’s disability is only defined by his or her medical/physiological diagnosis rather than by his or her environment and support network as well.

(The above list was drawn from: *How they believe others see them in the University Community*, Israelite N., Symanzik, A., Pullan, J., Karambatsos, S. Communiqué, Fall 2000, p.41: US Department of Labour:

<http://www.dol.gov.odep/pubs/ek99/barriers.htm>; WHO:

<http://www3.who.int/icf/beginners/bg.pdf>)

Most accessibility initiatives at the University of Toronto to date have focused on supporting students to succeed academically. Undergraduate and graduate students with disabilities face many of the same barriers when participating in life outside the classroom as they do inside the academic environment.

Student life barriers include, but are not limited to:

- **Inconsistent awareness about how to plan accessible events**

Lack of awareness of disability issues among students in general has a negative impact upon the participation level of students with disabilities. When student life activities are designed without taking accessibility into account, the participation of students with disabilities is negatively affected.

#### **1.4 Initiatives planned 2004-07**

##### **1.4.1 Staff training to create a better understanding of disability issues and how to interact with people with disabilities appropriately.**

- Staff training for the catering service such as:
  1. adaptive technology that they could provide, for example, plastic cups and bendable straws
  2. dietary requirements and the need to be aware of ingredients lists
  3. benefits of table service versus buffet style/line-ups
  4. how to interact with people with sensory disabilities
- “Front line” staff training such as:
  1. how to direct people with sensory disabilities
  2. appropriate ways to offer assistance
  3. alternative formats for information
  4. how to communicate clearly without being condescending
- Arbor Room staff training such as:
  1. being prepared to list food options (e.g. to assist students with low vision)
  2. assisting customers with disabilities (e.g. for students in a scooter, bring food to the cash register for pick-up)
- Athletic department staff training such as:
  1. assumptions about someone’s ability or lack of ability
  2. understanding and respecting the need for attendant care
  3. offering assistance without being overbearing

Responsibility: Warden, Senior Team

Timeline: beginning January 2006  
Status: ongoing

- 1.4.2** Training for Hart House clubs, committees and program staff on organizing accessible events. This will be based on the specific needs of each club and committee, identified through consultation.

Responsibility: Director of Program  
Timeline: September 2005  
Status: Done and ongoing annually

- 1.4.3** Awareness campaigns to sensitize staff about invisible disabilities such as:

- Scent-free awareness campaign

Responsibility: Facility Manager  
Timeline: asap  
Status: Done

- Student affairs campaign to promote inclusion for students with disabilities on campus (poster campaign)

Responsibility: Facility Manager  
Timeline: September  
Status: Done

- Signage in the House to remind people that some washrooms are provided solely for people with accessibility issues, and that they should avoid using them if possible (e.g. washroom opposite the Great Hall)

Responsibility: E.D. Advancement  
Timeline: Fall 2005  
Status: Determined that this is not a problem so terminated.

- Signage to remind people to walk up or down one floor in order that people with disabilities will be provided with easier access to the elevator.

Responsibility: E.D. Advancement  
Timeline: Fall 2005  
Status: Determined that this is not a problem so terminated.

- 1.4.4** Promotion of Hart House as a positive space for the disabled community such as:
- Advertising Hart House on disabilities community listserve as an accessible place to hold events
  - When promoting any event of the House, provide contact information to enquire if accommodations are required
  - When promoting events in the House, indicate if it is an accessible location

Responsibility: E.D. Advancement  
Timeline: Fall 2005  
Status: Done

- Continue the development of the partnership with Students For Barrier-free Access (SFBA) in order to bring more students with disabilities into the House

Responsibility: Director of Program  
Timeline: Fall 2005  
Status: Ongoing

- 1.4.5** Workshops and Speaker Series on disability issues such as:
- Providing assistance to any group that may be holding a workshop, speaker series, or debate on an accessibility issue. This assistance could be anything from support with promotions to providing table service rather than buffet style refreshments.

Responsibility: Director of Catering and Events, Facility Manager  
Timeline: September 2005  
Status: Ongoing

- 1.4.6** Participate in the development of new social spaces that are inclusive and accessible

- Make every effort to ensure that social spaces in the House are inclusive and accessible for all students

Responsibility: All staff and members of executive committees

Timeline: Ongoing

Status: Ongoing

### **1.5 Outreach**

#### a) Subcommittee Members

Co-chairs: Julia Munk, Janice Martin

Laney Marshall, Patrick Houssais, Sam Rahimi, Arvin Gupta, Pam Albrecht

#### b) Consultation

- Students For Barrier-free Access
- Accessibility Services

### **1.6 Financial Resources Needed**

## **2.0 POLICY AND PROCEDURE**

### **2.1 Focus**

This section focuses on the policies and procedures of Hart House as they relate to people with disabilities and the specific services which they might require within the House. Sub-group members felt it was important to note that in some areas, Hart House requires clearer and more definitive policies to ensure the safety of disabled people within the House, and their ability to enjoy their use of the House.

### **2.2 Review of Initiatives Undertaken to Date**

The Founders' Prayer calls upon Hart House to be open to and welcoming of the entire University community. In that the prayer makes clear Hart House's underlying commitment to all students, it also displays a commitment to ensuring that students with disabilities can make use of the House, as they are members of the University community.

Since the completion of the installation of the elevator in Hart House, a memorandum was circulated to Hart House staff regarding the appropriate measures to be taken with regard to people who have used the elevator to gain access to floors other than the main floor in the event of a fire. The memorandum instructs staff to locate people on these floors who are not able to use the stairwells to leave the building and escort them to open windows so that they can avoid smoke-related complications.

The University of Toronto Design Standards govern all physical facilities work, including such work undertaken by Hart House. Because they include a comprehensive list of criteria for ensuring barrier free accessibility, it can be inferred that Hart House's physical facilities work is already governed by a set of regulations which hold barrier free accessibility as its goal.

### **2.3 Barriers to Be Addressed**

There are two main barriers being addressed by the Policy and Procedure Sub-Group:

#### **1. Evacuation Plan**

The fire evacuation plan for Hart House does not currently contain definitive instructions for how to assist people on floors other than the main floor who are not able to use stairs in the event of a fire. When the fire alarm is triggered, the elevator returns to the main floor and remains immobile unless operated by fire department personnel. This poses a problem because people with mobility disabilities may not be able to leave the building until the arrival of fire department personnel.

Hart House requires a clear policy that staff can be made aware of which outlines the proper method of handling such situations.

## 2. Signage and Displays

It has been determined throughout the course of the Barrier Free Planning Group's tours of Hart House that certain types of signage and displays are inaccessible to people with visual disabilities. Hart House requires a clear policy that would ensure that only those types of signs and displays which are accessible to all people are used in the House.

### **2.4 Initiatives Planned 2004-07**

There are three main initiatives planned by this sub-group, all of which will involve additional consultation and discussion before they can be finalized:

#### 1. Draft a Statement of Commitment

The sub-group members felt it would be beneficial to include, as part of the Barrier Free Planning Group's final report, a statement of commitment to accessibility that is specific to Hart House. This will be drafted using the University of Toronto's Statement of Commitment Regarding Persons with Disabilities, making reference to U of T Barrier Free Design Standards and including discussion of the World Health Organization definition of disability.

Responsibility: Margaret Hancock & Allen Varlaki

Timeline: Fall 2005

Status:

#### 2. Draft a Policy Regarding the Use of Signage and Displays

The Advancement Office will be asked to direct the drafting of a policy regarding the criteria that must be met by all signs and displays in Hart House so that they will be accessible to people with visual disabilities.

Responsibility: E.D. Advancement

Timeline: Fall 2005

Status: Done

#### 3. Review and Update the Evacuation Plan

Hart House's fire evacuation plan will be reviewed and updated to include provisions for assisting people who are unable to use the stairs to leave the House in the event of a fire and are on floors other than the main floor. The evacuation plans of buildings similar to Hart House

in their age and layout will be reviewed, and will serve as examples for how Hart House's policy should take shape.

Responsibility: Facility Manager

Timeline: asap

Status:

## **2.5 Outreach**

### a) Sub-Group Members

Margaret Hancock, *Warden, Hart House*  
Allen Varlaki, *Student, House Committee*

### b) Consultation

*To Be Determined*

## **2.6 Financial Resources Needed**

*To Be Determined*

## **3.0 INFORMATION AND COMMUNICATIONS**

### **3.1 Focus:**

The focus of this section is to ensure that communications and information policy, planning, design and production processes take into consideration the specific needs of persons with disabilities.

### **3.2 Review of Initiatives Undertaken to Date:**

1. Enlargement of the font size, contrast reversal (blue background with white lettering) and speed change on information boards at Porters' Desk.
2. Change of type faces used for print productions to non serif versions and font size enlarged where possible.
3. Office name plates changed to black background with white lettering as staff added.
4. Ongoing participation in the development of new U of T web site for information regarding accessibility resources, projects and initiatives.

### **3.3 Barriers to be Addressed:**

1. No formal policy or procedures to guide information and communications activities.
2. Diverse nature of House's communications activities and numbers of people involved in those activities.
3. Understanding of disability issues and their impact on communications needs improvement.
4. Limited availability of sign language capabilities or adaptive aids.
5. Signage surrounding and inside the House needs improvement.

### **3.4 Initiatives Planned 2004-2007:**

1. Develop and implement a communications policy, appropriate processes and procedures with guidelines to ensure accessibility standards for all communications and information.
2. Develop an accessibility statement for all communications pieces.
3. Develop and implement an exterior and interior signage plan.
4. Redevelop Web presence and add Zoom and Audio capabilities.
5. Provide audio versions of print pieces where appropriate.

Responsibility: E.D. Advancement  
Timeline: Fall 2005  
Status: Done

### **3.5 Outreach:**

a) Chair: Debra Bond-Gorr

b) Consultation:

Healthcare Public Relations Association  
International Business Communicators Association  
Maureen McGinn, Director of Therapy, PCCC  
Dr. Perry Tepperman, Psychiatrist  
Canadian Paraplegic Association  
U.S. Department of Labour Web site  
Canadian Mental Health Association  
Acquired Brain Injury Association

### **3.6 Financial Resources Needed:**

1. Signage will require significant investment over the next three years.
2. Website re-development \$20,000 to \$35,000
3. Audio versions in house capability.

## 4.0 PHYSICAL FACILITIES

### 4.1 Focus

All people have abilities, strengths and weaknesses. They come in different sizes, shapes and colours, and have been socialized by a variety of influences, in myriad ways. While each person is different, **all people share the need to be treated with respect and dignity**. This means that every person needs to be able to live in a way that acknowledges and values their ethno-cultural background, and that recognizes their individual needs for privacy, control, confidentiality, comfort, autonomy, safety and self-esteem.

While conformance to minimum standards is both necessary and important, it is better to develop a welcoming attitude. Barriers restrict mobility and access for some, but barrier-free or universal design is equal opportunity: it endeavours to make the built environment accessible and usable to all people. The new elevator is just one step to **improve access and safety** to all parts of Hart House. This section outlines further changes needed to the built environment of Hart House to make the House as accessible as possible.

### 4.2 Review of Initiatives Undertaken to Date

- \* built elevator and direct connection between the Arbor Room and the Athletics Facility.
- \* installed 4 door openers
- \* installed an access ramp to the West Entry
- \* built accessible washrooms in the Locker Rooms, across from the Arbor Room, off the Lower Gallery, and in the west wing of the 3<sup>rd</sup> floor
- \* modified areas of the Locker Rooms for people with disabilities
- \* new Box Office is designed to be adaptable if we should hire someone in a wheelchair to work in this space, and is designed for clients in wheelchairs
- \* an accessible dark room for photography was constructed as a result of the construction of the elevator

### 4.3 Barriers to be Addressed and Initiatives Planned 2004-07

- lighting is dim in many areas throughout the House; a major upgrade is needed to improve light levels and contrast
- some sort of alarm system (perhaps a personal buzzer that would work across campus) to alert deaf people in the case of emergencies
- accessible washrooms in the Theatre, and in the south wing on the 2<sup>nd</sup> and 3<sup>rd</sup> floors
- modifications of existing accessible washrooms to improve ease of use and safety, for instance the locations of soap dispensers and alarm strips at the floor level

- opens for doors in rooms that are typically open to the public, such as the East Common Room, the Map Room, the Reading Room, the Cardio Room and the Art Gallery (in other meeting rooms, the doors are typically propped open during events)
- a ramp to the lower area of the Quadrangle
- some portable ramps for staging and to get to the dais in the Great Hall, into the Gallery Grill, and into the west wing on the 3<sup>rd</sup> floor
- in the longer term, a permanent ramp into the west wing on the 3<sup>rd</sup> floor
- floor patterns and lighting in the Theatre
- various improvements in the Arbor Room

Responsibility: Facility Manager  
 Timeline: Ongoing  
 Status: Ongoing

- create or modify a basement level space for accessible workout equipment

Responsibility: Director of Athletics, Recreational Athletics Committee  
 Timeline: March 2005  
 Status: Done. See 4.3.1

#### **4.3.1 HART HOUSE RECREATIONAL ATHLETICS COMMITTEE ACCESSIBILITY REPORT**

##### **Focus**

The Accessibility Plan 2004-2007 created by the Hart House Barrier Free Planning Group is a dynamic report addressing physical barriers within Hart House. It identifies barriers to access and provides a time line for the implementation of remedies to ensure that all members of the University of Toronto community will soon be able to access the unique social, cultural and recreational athletics housed within this historical centre of student and community life.

The Recreational Athletics Committee of Hart House formed a sub-committee to assess the accessibility of the modern athletics facility located in Hart House; their observations and deliberations resulted in this report. The review was undertaken to enhance the scope of the Accessibility Plan and to provide the Barrier Free Planning Group with a pragmatic assessment of barriers to access within the athletics facility and to provide proactive suggestions to enhance accessibility within Athletics. It must be noted that signage and lighting will not be addressed within this report as these issues have been addressed at length within the Accessibility Plan.

The sub-committee recognizes that all aspects of accessibility should be addressed, including physical, hearing and visual impairments. The sub-committee aims to limit barriers to access within the Athletics facility to the best of its ability while ensuring that the utility of the facility is maintained; the sub-committee avowed that there be no reduction in services and equipment available to members currently; services will only be enhanced and expanded.

It must be understood there are significant barriers to access inherent in the Athletics facility as a result of the historic structure of Hart House. Although the elevator has provided for access to all five levels of Hart House, it does not provide access to all sides of the five levels: the upper gym and track remain completely inaccessible for those with mobility impairments. Architectural and engineering concerns render the installation of an elevator to remedy this barrier to access too costly to consider. The squash courts also remain completely inaccessible, as is the range (however, it is outside of the purview of the Recreational Athletics Committee). The pool is accessible from the locker rooms and can be used with the assistance of an attendant; it is inaccessible to individuals who require a motorized lift. Structural modifications are not being pursued because the demand for fully accessible pools, as well as weight rooms and other athletic facilities, is met by the Athletic Centre.

### **Review of Initiatives Undertaken to Date**

Accessible washrooms and showering facilities were constructed in both the men's and women's locker rooms.

A hand ergometer, which provides a cardiovascular workout for those with mobility issues, has been purchased and is now available for use in the cardio room.

The elevator installed in fall 2004 provides access to the reception level and lower gym level of the athletics facility. Those with mobility constraints are now able to access the locker rooms, cardio room and activities room on the reception level, and the lower gym, exercise room and weight room on the lower gym level. It must be understood, however, that although the Accessibility Plan indicates that the elevator reaches all five floors from a central location, the upper gym of the Athletics facility remains inaccessible by elevator, and access to the lower gym level involves circuitous navigation.

### **Barriers to be Addressed**

To access the lower gym level of the Athletics facility via elevator, one must take the elevator to the reception level to check in and utilize the locker room facilities. One must then return to the elevator and travel to the main floor of the House

and proceed through the art gallery entrance to the lower gym level of the Athletics facility; two doors separate the art gallery from the Athletics facility, which are locked when the art gallery is closed and when the facility manager is off duty. After hours a key must be obtained. To exit the facility after hours, assistance would be required to unlock the door. Although there is not a technical barrier to accessing the lower gym level, the process is complicated and difficult, constituting a *de facto* barrier.

The circulation desk requires modification: it is currently too high for those in wheelchairs to comfortably access. As well, maneuvering around the corner between the women's locker room and the corridor leading to the lower and upper gym is difficult because of limited space.

Throughout the facility there are lips in the doorways to various rooms making it difficult for those in wheelchairs to enter. The height of water fountains on every level also requires adjustment. It was also been suggested that mirrors be installed in corners throughout the facility to prevent collisions.

While the locker rooms are accessible in their current state, various modifications could be undertaken to remove further barriers to access: several lockers should be adapted to allow for easy access; the height of mirrors, hair dryers, sinks, water fountains, tampon dispensers and telephones should be adjusted; the addition of additional modesty stalls in the wet area, and the installation of modesty areas in the dry area of the locker room was also suggested.

Additional equipment suitable for those with mobility disabilities such as hand ergs and other modified apparatuses should be provided on the basement level of the facility.

Weight equipment should also be provided on the lower level of the facility, or modifications of the weight room on the lower gym level should be undertaken that focus on the provision of suitable equipment in an accessible layout.

It should be ensured that the upper gym and track, although inaccessible for those with mobility impairments, apply any modifications to signage and lighting to meet the needs of people with visibility, hearing and comprehension impairments.

## **Priorities**

The sub-committee of the Recreational Athletics Committee reviewing accessibility identified the importance of removing barriers to access and providing suitable equipment for members with mobility impairments on the reception level of the Athletics facility. The elevator ensures that those with mobility impairments are able to access the reception level facilities with relative

ease. The Accessibility Plan indicates that focusing efforts on the basement level of the facility is most appropriate as well.

Firstly, the Recreational Athletics Committee recommends the purchase of a hand erg to be placed in the cardio room (as explained above, this target has been met). Other accessible equipment is being researched and priced for eventual purchase.

Secondly, when discussing the importance of concentrating equipment on the reception level of the facility due to its immediate accessibility, the sub-committee expressed that should the space currently occupied by the bookstore become available, that space could be utilized to increase the amount of accessible equipment available for use. Stationary weight equipment could be introduced to this level of the facility, and cardio equipment could be added to ensure that those unable to climb stairs have access to the breadth of equipment currently available en masse in the upper gym.

Thirdly, the sub-committee suggested that the under-utilized massage therapy room could be renovated to house additional, enhanced accessible locker room facilities. This space could be utilized by those with mobility issues, as well as those requiring a more modest changing environment.

After the reception level of the facility has been made more accessible, given that these enhanced facilities are reasonably utilized, the sub-committee suggested that an adaptation of the weight room on the lower gym level be undertaken to provide space for improved maneuverability. It must be noted, however, that this room is highly utilized by members of the Athletics facility, and the sub-committee believes it unfeasible to reduce the amount of equipment available for use in the weight room at this time. At this time, ease of access to the lower gym level should be addressed. Locked doors which separate the art gallery from the Athletics wing should have key pads installed to allow for easy passage, or keys/swipe cards should be made available at the Porter's Desk.

Responsibility:	RAC and Director of Athletics
Timeline:	Ongoing
Status:	Ongoing

#### **4.4 Outreach**

- a) Co-chairs: Chris Lea, Ihor Kotowycz, Sandy Henderson
- b) Consultation:

- some members of the group have visited Variety Village to see how they have adapted their workout spaces
- would need to advise/consult with House Committee and RAC about physical changes to Hart House and the athletics facility
- both Ihor Kotowycz and Chris Lea have done some research into this for other projects, talking to a wide range of organizations and people before designing other spaces. Some of our research will be useful here.
- University of Toronto students
- ODA and U of T ODA Accessibility Plan
- U of T Accessibility Services, SACWAC, Facilities and Services, Grounds
- Other organizations such as the CNIB, the Canadian Hearing Society, the Accessibility Advisory Council of Ontario
- private retail stores selling barrier-free products
- Public Works Canada, the Canadian Standards Association and the City of Toronto have each published Barrier-free design guidelines that might help us

#### **4.5 Financial Resources Needed**

These are rough estimates:

- Ramp to lower area in Quadrangle - \$250k
- Theatre Washrooms - \$50-100k
- 2<sup>nd</sup> floor Washrooms - \$50k in the budget this year – Jan-Feb 05!
- 3<sup>rd</sup> floor Washrooms - \$100k
- Workout area - \$100k
- Door openers - \$3k each, card/key access pads \$2k each, total about \$25k
- Permanent ramp from Billiards Room to West Wing (through Room 8) - \$50k
- Small modifications to Arbor Room - \$10k
- Small modifications to Theatre - \$5k, although a bigger set of modifications is desirable, in order to offer multiple seating locations - \$25k
- Lighting modifications throughout the House - \$150k

## **5.0 TECHNOLOGY - ADAPTIVE**

### **5.1 Focus**

This section focuses on barriers and initiatives that pertain to technological devices and conveniences required to facilitate the use of Hart House, its services and departments by people with special needs.

### **5.2 Review of Initiatives Undertaken To Date**

The Hart House Barrier Free Planning Group toured the House, noting the opportunities for the provision of technological devices. If devices were already in place, an assessment was made as to their full accessibility and relevance and to what extent they were being used. A list of items to be purchased, improved or removed was created.

### **5.3 Barriers To Be Addressed**

There is a particular need for adaptive technology in the following areas:

- Athletics (equipment and layout)
- automatic entrances
- washrooms
- food services
- communications

Several of these are noted in Information & Communications (Section 3.0) and Physical Facilities (Section 4.0) but are also included here.

### **5.4 Initiatives Planned 2004-07**

- a) Install a TTY phone at Hall Porter's Desk. The recommended model is Ultratech mini print 425, available at Canadian Hearing Society, 271 Spadina at Davenport (416.964.9494)

Responsibility: Facility Manager  
Timeline: Spring 2005  
Status: Done

- b) Make bendy straws available in the Arbor Room, at catered events and in the Gallery Grill. Investigate adaptive eating and serving utensils for catered functions.

Responsibility: Director of Catering and Events, Gallery Grill Chef,  
Arbor Room Manager  
Timeline: asap

Status: Not done yet in Arbor Room

c) Purchase and make lap desks available for sign out at the Porters Desk

Responsibility: Director of Program

Timeline: asap

Status:

d) Investigate and install adaptive software on all public computer terminals and laptops (e.g. Zoom text, Dragon)

Responsibility: Manager of Information Technology

Timeline: ?

Status:

e) Install door bells at automatic door locations

Responsibility: Facility Manager

Timeline: asap

Status: voice intercom installed

f) Investigate need for and adaptability of FM listening devices for functions/events hosted at the House (e.g. lectures, readings)

Responsibility: Managing Director, Hart House Theatre

Timeline: ?

Status:

g) Take adaptive technological requirements into account in all renovations planning and design

Responsibility: Facility Manager

Timeline: ongoing

Status: ongoing

h) recommendations for adaptive technology for the athletics facility (locker rooms and equipment) will be addressed in the plan being developed for the athletics facility

Responsibility: Director of Athletics, Recreational Athletics Committee

Timeline: March 2005

Status: Done

## 5.5 Outreach

- a) Sub-group members:
  - Janice Martin, Debra Bond-Gorr, Laney Marshall
  
- b) Consultation:
  - Adaptive Technical Resource Centre (ATRC) at Robarts (Laurie MacArthur) <http://www.utoronto.ca/atrc/> (mostly computer/academic related)
  - Therapy Supply
  - Shoppers Home Health Care
  - Occupational therapists

## **5.6 Financial Resources Needed**

- TTY phone - \$650 - \$1,000
- quotes required on balance of items

## 6.0 HUMAN RESOURCES

### 6.1 Focus

This section focuses on barriers and initiatives that specifically affect employees (staff) and thereby the students at Hart House.

### 6.2 Review of Initiatives Undertaken To Date

The following initiatives have been undertaken by the **University** to date and are available to all Hart House employees:

#### Health and Well-being Programs and Services (2002)

- co-ordinates services for employees who become injured or disabled and provides programs to promote the health and well-being of all UofT employees

#### Quality of Work Life Advisor (2002)

- advisor focuses on examining issues that may impede quality of employee's work life, including disability

#### Employee Assistance Program (EAP)

- provides confidential counselling services. Assists employees with disabilities on a range of issues including assistance preparing for discussions about their ability and required accommodation with their employer.

#### Family Care Office

- offers workshops, referrals to community agencies and individual consultation to staff and students who care for dependents with disabilities

#### Early Learning Centre (2003)

- on campus daycare facility for children of staff and students. Designed to ensure that children who have disabilities can be fully integrated into the daycare.

#### Dependent Care Survey (2003)

- conducted to identify dependent care commitments and determine needs related to dependent care of UofT staff. The survey included caring for a dependent with a disability.

#### Employment Accommodation Fund

- assists departments and divisions in providing reasonable accommodation by financing the purchase or modification equipment, training to initiate an accommodation and minor renovations to the workplace

#### Environmental Health and Safety office

- provides broad range of health and safety services and injury prevention strategies to the University community including health

and safety training and dissemination of health and safety information. Also provides ergonomic assessments and education.

The following initiatives have been undertaken by **Hart House** to date:

Physical & Work Environment:

- elevator built which now makes all five floors accessible
- automatic exterior doors (Tower Road ramp)
- ergonomic office chairs

Health, Well-being & Safety:

- equity (equal opportunity to apply for and obtain positions within HH)
- flexible hours (Membership Services Office, Program, Catering)
- staff training sessions e.g. CPR

### **6.3 Barriers To Be Addressed**

No central accessible location for interpretation of HR policies.

Working conditions – heat/cold, odours, noise, chemicals, poor illumination / ventilation, poor workstation design, physical demands required on job (lifting, pushing, manual dexterity, etc).

### **6.4 Initiatives Planned 2004-07**

Physical work environment & Health & Safety:

- Investigate the potential of developing and distributing a survey in order to identify the accessibility needs of staff.
- Continue workstation modifications – e.g. office lighting – desk work vs computer work (glare, etc)

Responsibility: Warden, Facility Manager

Timeline: Fall 2005

Status: Ongoing

Communication & Education:

- Develop a way of informing HH employees of University's initiatives (as above) other than through internet which is not available to all staff. One possible means could be through Hart House Staff Orientation/HR Manual (providing departments with hard copy as well as online access).
- Education/Professional Development. Encourage staff to take courses on EHS, Life Management, Computer & Technical skills, and the Learning Lab & Library through Staff Development. Issues affecting staff such as increased workload, stress, morale, etc can affect the student experience, (e.g. front-line staff and their interactions with students.)

Responsibility: Warden, Assistant to the Warden, Senior Team  
Timeline: Ongoing  
Status: Ongoing

- Staff Training – attitude and increased awareness (i.e. first aid training, what to do in case of seizures, CPR, etc)

Responsibility: Director of Athletics, Facility Manager, Managing Director (theatre), Director of Program, Gallery Grill Manager, Arbor Room Manager  
Timeline: Ongoing  
Status: Ongoing

## **6.5 Outreach**

a) Sub-Group Members:

Margaret Hancock, Myra Emsley

b) Consultation:

U of T ODA Plan

Central Human Resources Department

## **6.6 Financial Resources Needed**

Funds for training

## **IMPLEMENTATION OF THE ACCESSIBILITY PLAN**

### **1. APPROVAL:**

The plan was approved by the Board of Stewards at its January 13, 2005 meeting. The plan was presented to staff for review and implementation planning at their January 20, 2005 meeting. The Recreational Athletics Committee's Accessibility Plan was approved by the Board of Stewards at its October 20, 2005 meeting and has been incorporated into the Hart House Plan as section 4.3.1.

### **2. PRIORITIES:**

The Planning Group addressed priorities in each of the sections. Further prioritizing will take place in the implementation process, with staff in affected areas and through the budget planning process.

### **3. BUDGET:**

The 2005-06 proposed budget includes funds for implementing the accessibility plan. Specifically, funds are proposed for staff training, signage, washrooms and adaptive technology devices. The 2006-07 budget will include funds for making clubs and committees events accessible as needed.

### **4. TIMELINE AND RESPONSIBLE PEOPLE:**

These have been determined and are noted in the body of the plan.

### **5. REVIEW PERIOD:**

The plan will be reviewed annually by August 30 to coincide with the annual review of the U of T's ODA Plan and in advance of the annual budget planning process. The first annual review was done in October 2005 and a report was presented to the Board of Stewards on November 10, 2005. The status of each initiative is noted in the body of the plan. The updated plan is on the Hart House website.

## **APPENDIX A**

### **U of T STATEMENT OF COMMITMENT REGARDING PERSONS WITH DISABILITIES**

#### **Statement of Commitment Regarding Persons with Disabilities**

It is the University's goal to create a community that is inclusive of all persons and treats all members of the community in an equitable manner. In creating such a community, the University aims to foster a climate of understanding and mutual respect for the dignity and worth of all persons.

In working toward this goal, the University will strive to provide support for, and facilitate the accommodation of individuals with disabilities so that all may share the same level of access to opportunities, participate in the full range of activities that the University offers, and achieve their full potential as members of the University community. The University will work to eliminate or minimize the adverse effects of barriers, including physical, environmental, attitudinal, communication and technological barriers, that may prevent the full participation of individuals with disabilities in the University community. The University will provide the members of its community with opportunities for education and access to information regarding disability and the University's policies on disability.

At the same time, the University will endeavour to protect the individuals' privacy, confidentiality and autonomy.

The University re-affirms that all individuals are expected to satisfy the essential requirements of their program of studies or employment, while recognizing that students and employees with disabilities may require reasonable accommodations to enable them to do so. The University is, as always, committed to preserving academic freedom and its high level of academic standards.

The achievement of the University's goal depends on the participation of each and every member of the University community, including students, faculty, staff and alumni, as well as their respective representative organizations. Each of these parties has a role in creating an equitable and inclusive environment, as well as in the accommodation process and the

identification, removal, and/or reduction of barriers. The consultative relationship among the members of the University community is based upon a shared desire for an open, supportive learning and working environment, and a shared respect for individual rights and dignity.

In working toward its goals under this Statement, the University is committed to acting conscientiously and in keeping with its own policies and existing legislation related to disability. These include:

- University of Toronto policy on *Access to Information and Protection of Privacy*
- University of Toronto policy on *Employment Equity*
- University of Toronto *Statement on Human Rights*
- University of Toronto *Statement of Institutional Purpose*
- University of Toronto *Statement on Prohibited Discrimination and Discriminatory Harassment*
- University of Toronto procedural guidelines for the accommodation of students, staff and faculty with disabilities
- Ontario *Ontarians with Disabilities Act*
- Ontario *Human rights Code*

For ease of reference, the statutory definition of the term “disability” is appended to this Statement. The application of this definition in a larger context will be addressed in procedural guidelines.

## **Appendix**

The term “disability” is defined as follows in the Ontario *Human Rights Code*, R.S.O. 1990, c.H.19, as amended from time to time.

(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,

(b) a condition of mental impairment or a developmental disability,

(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,

(d) a mental disorder, or

(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

## **APPENDIX B**

### **STATISTICS ON DISABILITY**

Source: Statistics Canada. Participation and Activities Limitations Survey, January 2002.

- 3.6 million Canadians have disabilities. 1 in 8 Canadians or 12.4% of Canada's population.
- 1.5 million Ontarians have disabilities. 1 in 7 Ontarians or 13.5% of Ontario's population.
- Nationally, 40.5% of people age 65+ have a disability, 9.9% of people age 15-64, 3.3% of people age 0-14 have disabilities.

The number of people with disabilities is expected to increase as the population ages. By 2021, it is estimated that Canadians aged 65+ will total 6.7 million and represent one-fifth of the total population.

### **TYPES OF DISABILITIES FOR ONTARIANS AGED 15 – 64**

- 815,930 Ontario adults aged 15-64 or 11% of Ontario's population, have disabilities
- 3% have hearing disabilities
- 3% have seeing disabilities
- 1% have speech disabilities
- 8% have mobility disabilities
- 7% have agility disabilities
- 2% have learning disabilities
- 1% have memory disabilities

### **PEOPLE WITH DISABILITIES AT U OF T**

- Students with disabilities who require accommodations for academic purposes register with Accessibility Services (AS).
- Students registered with St. George AS from April '02 to May '03 increased 27%, from approximately 800 students to over 1000 students. For 2003-04, over 1100 students registered, a 10% increase over 2002-03.

- Number of students with multiple disabilities continues to rise dramatically.