

Children's Treatment Centre of Chatham-Kent (CTC-CK) Accessibility Plan 2026-2029

Prepared by the CTC-CK's Inclusion, Diversity, Equity, and Accessibility (IDEA) Committee
in accordance with the Accessibility for Ontarians Disabilities Act (AODA) &
Integrated Accessibility Standards Regulations (IASR)

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Executive Summary

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) is to improve opportunities for people with disabilities and to support their full participation in the life of the province. The Children's Treatment Centre of Chatham-Kent (CTC-CK) is committed to identifying, removing, and preventing barriers for people with disabilities who access services, work, volunteer, or visit the Centre.

The AODA has five standards which are included in the Integrated Accessibility Standards Regulation (IASR) (O. Reg.191/11).

The Five Standards are:

- Customer Service Standard: Procedures for providing accessible goods, services, and facilities.
- Information and Communication Standard: Guidelines for providing information in accessible formats (e.g., website accessibility).
- Employment Standard: Requirements for making workplace practices accessible.
- Transportation Standard: Rules for public transportation providers.
- Design of Public Spaces Standard: Standards for new or redeveloped public spaces.

It is a requirement of the IASR to develop, implement, and maintain a multi-year accessibility plan for organizations with 50 or more employees, as well as all designated public sector organizations. The accessibility plan must outline strategies to prevent and remove barriers and meet IASR requirements.

The core requirement to identify, remove, and prevent barriers via these five standards remains legally binding for organizations in Ontario.

This 2026–2029 Accessibility Plan builds upon previous accessibility plans and reflects CTC-CK's ongoing commitment to continuous improvement. It incorporates outcomes achieved between 2019 and 2025 and is informed by feedback gathered through the 2025 Accessibility Survey. A key milestone within this planning period is the completion and opening of a new purpose-built, AODA-compliant facility scheduled to open at the end of 2026.

Objectives

The CTC-CK Accessibility Plan objectives will focus on four core goals: (1) identification, (2) removal, and (3) prevention of barriers for people with disabilities combined with (4) regulatory compliance.

The Accessibility Plan will:

1. Identify existing accessibility barriers.
2. Develop specific, time-bound steps to remove identified accessibility barriers.
3. Describe the measures taken to prevent accessible barriers moving forward.
4. Follow regulatory compliance including:
 - a. Review Accessibility Plan on a bi-annual basis and provide a status report.
 - b. Make a commitment to review and update the Accessibility Plan every five years.
 - c. Make the Accessibility Plan available to the public.

Description of the Children's Treatment Centre of Chatham-Kent (CTC-CK)

For 75 + years, the CTC-CK has been dedicated to serving our community as a non-profit treatment center. Governed by an elected board of directors, CTC-CK has remained steadfast in its commitment to providing essential support and addressing the diverse needs of individuals within our community.

With a team of dedicated professionals and volunteers, CTC-CK goes beyond the confines of its center, extending its reach into the community. Our mission is to provide comprehensive support, fostering growth and well-being for all individuals we serve.

- **Mission**— to enable children, youth and their families to live fulfilling lives, with specialized programs and services that support their strengths and addresses their unique needs.
- **Vision**— Amazing kids today, enriching our community tomorrow.
- **Values**—
 - **Family:** We engage and empower children, youth, and their families.
 - **Inclusion:** We foster happiness coming from belonging, ensuring equity and inclusion.
 - **Team:** We collaborate with families, staff, and community service providers.
 - **Safety:** We provide a welcoming and safe place for all.

Commitment to Accessibility Planning

The Chief Executive Officer (CEO) of the CTC-CK has authorized the Inclusion, Diversity, Equity, and Accessibility (IDEA) committee to prepare an accessibility plan that will enable the CTC-CK to meet the above objectives. The CTC-CK is committed to:

- Establishing and maintaining the IDEA committee.
- Consulting with people with disabilities in the development and review of accessibility plans.
- Consulting with community partners.
- Ensuring CTC-CK policies and procedures align with accessibility principles.
- Utilize the IDEA Committee to address attitudinal barriers.
- Assigning Centre Administration responsibility for physical and structural accessibility.
- Improving access to facilities, policies, programs, practices, and services for clients, families, staff, volunteers, and members of the community.

IDEA Committee Members 2026

- Nathan Pittman (Chair), Human Resources Coordinator
- Ashley Gialelem, Client Ambassador
- Rachel Guerin, Family Engagement Coordinator
- Emily Horst, Occupational Therapist
- Lindsay Knight, Communication Disorders Assistant
- Sarah MacFarlane, Occupational Therapist
- Nicole Morais, Job Skills Coach
- Kimberly Taylor, Executive Assistant

Types of Barriers

A “barrier” is anything that prevents a person with a disability from full participation in society because of that disability.

According to the AODA, the five main types of barriers that prevent people with disabilities from fully participating in society are:

- **Physical or architectural barriers**—Physical or architectural barriers prevent people from accessing services.

- Examples include: A classroom in which spaces between tables are too narrow for a student in a wheelchair to navigate easily and/or inaccessible washrooms.
- **Information or communicational barriers**— Information or communication barriers are barriers that prevent people from understanding or accessing information.
 - Examples include: Using technical jargon or complex language when speaking to someone unfamiliar with the topic making it harder for the person to understand and/ or too many signs with different information all on one wall, making it difficult for a person to read all the information or pick out the important information. Another word for this is information pollution.
- **Technological barriers**— Technological barriers often relate to how information is shared.
 - Examples include: An agency website that cannot be used by people who are visually impaired and use a screen reader to read text.
- **Organizational or systemic barriers**— Organizational or systemic barriers are policies, procedures, or practices that unfairly discriminate and can prevent individuals from participating fully in a situation. Organizational or systemic barriers are often put into place unintentionally.
 - Examples include: Eligibility criteria that unfairly excludes people with disabilities, like requiring a driver's license for a job that could use other transportation options and/or appointment attendance policies that do not take into account a person's uses of public transportation and unavoidable delays.
- **Attitudinal barriers**— Attitudinal barriers are often based on stereotypes or assumptions that limit opportunities or offend the dignity of people with diverse abilities.
 - Examples include: Assuming people with a disability can't perform a certain task when in fact they can.

Often, sensory barriers or cognitive/intellectual barriers (related to learning or mental health) are also listed as crucial, especially in healthcare and inclusion contexts.

<https://www.aoda.ca/disability-barriers/>

<https://www.chrc-ccdp.gc.ca/individuals/accessibility/barriers-and-disabilities>

Strategy for Identifying, Removing, and Preventing Barriers

The CTC-CK uses feedback, surveys, policy review, training, and facility planning to ensure continuous improvement in accessibility in alignment with AODA standards.

Accessibility Outcomes Achieved (2019–2022)

Barrier Area	Key Outcomes	Status
Attitudinal	Climate surveys, disability awareness initiatives, community advocacy	Completed
Physical	Accessible fixtures, improved outdoor access, AAC supports installed	Completed
Technological	Accessible document training, ergonomic supports, adaptive equipment	Completed
Information & Communication	Visual supports, emergency messaging, speech recognition	Completed
Policies & Practices	Annual AODA compliance reporting and policy review	Completed

Accessibility Outcomes Achieved (2022–2025)

Barrier Area	Key Outcomes	Status
Attitudinal	Accessibility survey completed, expanded inclusion initiatives	Completed
Physical	New AODA-compliant facility designed and approved	Completed
Technological	Website improvements, planning for accessible workstations	Completed

Information & Communication	Expanded communication supports and emergency systems	Completed
Policies & Practices	Staff training completed, accessibility embedded in policy review	Completed

Transition to Action: 2025 Accessibility Survey Results

The 2025 Accessibility Survey identified key areas where targeted action is required to further reduce barriers and enhance service quality. While physical and architectural barriers were the most frequently identified by survey respondents, the development of a new purpose-built, AODA-compliant facility scheduled to open at the end of 2026 is expected to address the majority of these concerns through accessible design. As such, the 2026–2029 Accessibility Plan focuses on operationalizing accessibility within the new environment, monitoring post-occupancy performance, and strengthening communication, technology, and service delivery practices in direct response to survey feedback.

Through the Accessibility Survey, the IDEA committee was able to identify, address, and is working to remove barriers.

- Barriers that have been identified—include all qualitative feedback from participants.
- Barriers that will be addressed—include qualitative feedback made from more than one participant.
- Measures to prevent future barriers—review accessibility barriers every two years.

Physical or Architectural Barriers 2026- 2029	
• Physical barriers are the most indicated barriers for the CTC-CK. • 24% of participants indicated the CTC-CK has physical and architectural barriers.	
<i>Barriers that have been identified</i>	Physical and visual clutter, inaccessibility for wheelchairs and other mobility devices, lack of navigation signs and braille, heights of the counter spaces, building maintenance, reduced visual stimulus on-site

<i>Barriers that will be addressed</i>	Strategy	Timeline	Responsibility
Clutter and better clearance	- Review public spaces and remove signage that is not being used. - Review public spaces and remove supplies and materials that are not being used.	Fall 2026- Winter 2027 (CTC-CK new building location)	Health and safety committee New build committee
Lack of accessible doors/ widening doors	- New build will have AODA compliant accessible doors, doorways, and hallways. - Remove items that may be blocking or partially blocking doorways and hallways.	Fall 2026- Winter 2027 (CTC-CK new building location)	Health and safety committee New build committee
No navigation signs	- Review public spaces for wayfinding. - Bring in parent perspective.	Fall 2026- Winter 2027 (CTC-CK new building location)	New build committee Family Advisory Council
<i>Measures to prevent future barriers</i>	- Health and safety committee to review spaces in new building to ensure we are following AODA compliance on an ongoing basis. - Ongoing feedback opportunities for clients/ families (QR code provided for families to access the “Contact Us” page on the CTC-CK website, Family Advisory Council, Youth Action Team).		

Information or Communication Barriers 2026- 2029
Communication barriers are the second largest barrier for the CTC-CK.

18% of participants indicated the CTC-CK has information and communication barriers. - The top three preferred communication methods include: - Email (72 responses) - Texting (47 responses) - Audio (25 responses)			
<i>Barriers that have been identified</i>	The forms of communication available and the consistency with other community agencies, consistency in document sharing, providing accessible information, availability of staff contact information, providing more learning mediums and different sensory locations for appointments dependent on child's needs.		
<i>Barriers that will be addressed</i>	Strategy	Timeline	Responsibility
Consistency in how documents are shared	- Review how clinicians are sharing documents across departments.	Ongoing	Senior Management- Amelia, Tina, Tiff, Brian
	- Create guidelines to follow for how documents are to be shared with families.	Spring 2027	Senior Management- Amelia, Tina, Tiff, Brian
	- Review all documents on website and make sure they are .pdfs.	Summer 2026— completed.	Marnie & Support Services team
Ensure top 3 communication methods are being utilized.	- Does AC have a feature for text reminders like our email reminders that we could potentially implement?	Fall 2028	Senior Management- Amelia, Tina, Tiff, Brian
			Marnie & Support Services Team
<i>Measures to prevent future barriers</i>	- Look into including AlayaCare text feature costs and include in future budget.		

	- Clinicians to utilize phone at front office for texting clients/ families. - Ongoing feedback opportunities for clients/ families (QR code provided for families to access the “Contact Us” page on the CTC-CK website, Family Advisory Council, Youth Action Team).
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Technological Barriers 2026- 2029			
• Technological barriers are considered a significant barrier for CTC-CK clients. • 16% of participants suggested the CTC-CK has technological barriers.			
<i>Barriers that have been identified</i>	Website content and organization, updated technology, reduced visual stimulus online		
<i>Barriers that will be addressed</i>	Strategy	Timeline	Responsibility
• Website content	- Resource content is accessible and user-friendly	Winter 2027	Senior Management- Amelia, Tina, Tiff, Brian Marnie & Support Services Team Input from the Family Advisory Council
<i>Measures to prevent future barriers</i>	- Documents and resources available on the AC Family Portal for families to access specific content. - Ongoing feedback opportunities for clients/ families (QR code provided for families to access the “Contact Us” page on the CTC-CK website, Family Advisory Council, Youth Action Team).		

Organizational and Systemic Barriers 2026- 2029

- Organizational and systemic change can help improve other forms of barriers for the CTC-CK. 85% of participants suggested the CTC-CK is successfully minimizing organizational and systemic barriers.			
<i>Barriers that have been identified</i>	Training for all staff, smoother transitions between practitioners, availability of appointments for practitioners, more community collaboration, availability of in-home service options and transportation assistance for appointments.		
<i>Barriers that will be addressed</i>	Strategy	Timeline	Responsibility
Training for all (specifically nonclinical staff regarding disabilities)	- Embed ongoing training opportunities for all staff	Winter 2026	IDEA Committee & HR
Hire staff of diverse backgrounds	- Update and maintain inclusive hiring practices	Spring 2026—completed	HR
DEIJ training and personal bias training	- Research training opportunities for all staff	TBD	IDEA Committee & HR
<i>Measures to prevent future barriers</i>	- Ensure all staff stay up to date on current training opportunities through surge learning platform. - Ensure HR stays up to date on current hiring practices in Ontario.		

Attitudinal Barriers 2026- 2029			
94% of participants suggested the CTC-CK minimizes attitudinal barriers. 92% of participants have not experienced an insensitivity towards a person with a disability while visiting the CTC-CK.			
<i>Barriers that have been identified</i>	No barriers were identified in the attitudinal barriers section of the survey.		
<i>Barriers that will be addressed</i>	Strategy	Timeline	Responsibility

Community awareness regarding inclusive practices and disability awareness.	Create resources on the CTC-CK website regarding inclusive practices, accessibility awareness, and disability awareness/ pride for the community of Chatham-Kent.	Fall 2028	IDEA Committee Family Engagement
Training opportunities for staff (see organizational and systemic barriers section).	Trauma-informed training opportunities/ ACE's training opportunities/ and/or strength-based approach training opportunities for staff.	Ongoing	IDEA committee HR Senior Management- Amelia, Tina, Tiff, Brian
<i>Measures to prevent future barriers</i>	- Ensure all staff stay up to date on current training opportunities through surge learning platform. - Ongoing feedback opportunities for clients/ families (QR code provided for families to access the "Contact Us" page on the CTC-CK website, Family Advisory Council, Youth Action Team).		

Conclusion

The Children's Treatment Centre of Chatham-Kent (CTC-CK) is committed to creating an environment where children, youth, families, staff, volunteers, and community members of all abilities can participate fully, safely, and with dignity. Accessibility is an ongoing responsibility that extends beyond meeting legislative requirements. It requires continued reflection, listening, collaboration, and action to identify and address barriers as they arise.

The 2026–2029 Accessibility Plan builds on the progress made through previous accessibility planning and the feedback received through the 2025 Accessibility Survey. The opening of the new purpose-built, AODA-compliant facility provides an important

opportunity to strengthen physical accessibility while also ensuring that accessibility is considered across communication, technology, organizational practices, and service delivery.

Over the next three years, the CTC-CK will continue to work toward removing identified barriers, preventing new barriers, and creating meaningful opportunities for people with disabilities to share their experiences and perspectives. Ongoing involvement from the Family Advisory Council, Youth Action Team, clients, staff, and community partners will help ensure that accessibility initiatives remain responsive and timely.

Accessibility is a shared responsibility. By maintaining this commitment to continuous improvement, the CTC-CK will continue working towards a community where everyone has the opportunity to participate, connect, and belong.