

Script – AODA Online Learning

Accessibility and Customer Service

SCENE 1 TITLE SLIDE

CLOSE UP: Slide which reads “Accessibility & Customer Service” followed by photos from co-curricular programming to compliment the narration.

VOICE: With over 16% of people aged 15 and older having some form of impairment, professionals in the field of physical education and health can and should do more to provide quality service for all.

The Faculty of Physical Education and Health and the University of Toronto are committed to providing excellent customer service to all of its members. This online session has been designed specifically to help you understand and deal with issues of accessibility while working in the faculty.

SCENE 2 OBJECTIVES:

CLOSE UP: slide containing objectives of the workshop

VOICE:

Some of the learning outcomes for today’s presentation will be to:

- 1) identify the equity and accessibility initiatives at U of T and the FPEH
- 2) compare and contrast the social and medical models of disability
- 3) address the use of appropriate and inappropriate language
- 4) identify ways to support members through inclusive service
- 5) identify biases and values as well as interventions for accessibility based scenarios
- 6) Provide further resources of information

SCENE 3 HISTORY

CLOSE UP: Image of cartoon OHRC handing out balloons to a person who uses a wheelchair. Balloons contain the words, “goods, jobs, services”

VOICE:

Since 1962 the Ontario Human Rights Code (OHRC) has provided persons with disabilities access to goods, services, employment, etc. without discrimination. The Code requires employers, service providers and landlords, for example, to accommodate persons with impairments to the point of undue hardship.

CLOSE UP: Picture of barrier being smashed by OHRC with an outline of the province of Ontario beneath its feet.

VOICE:

The Code has resulted in some progress towards breaking down accessibility barriers in Ontario.

CLOSE UP: Image of long line outside of the complaints office representing persons with various disabilities. One person says, "Can you please announce the bus stops?" Then person in wheelchair with balloons encounters steps at complaints office and says, "Really?!" Then the "services" balloon pops.

VOICE:

However, progress has occurred on a case-by-case, reactive basis. Full access remains limited as **persons with disabilities** still encounter many barriers that prevent equal access and participation

CLOSE UP: Stressed out man in the complaints office with inbox that continues piling up. Word bubbles coming from below say, "We need change!" Person at desk shouts, "We must do something about this!"

VOICE:

The accumulation of these cases along with lobbying by human rights groups led to the introduction of the **Accessibility for Ontarians with Disabilities Act (AODA, BILL 118)**

CLOSE UP: Image of the Queen throwing Bill 118 in the air and saying, "this is a right splendid idea. I approve!" Bill 118 is waving Canadian flag and says, "Woo Hoo!"

VOICE:

In 2005, the Act received Royal Assent making it law in Canada.

CLOSE UP: Image of AODA Act climbing to the top of con hall and proclaiming the main point of the Act to accompany narration.

VOICE:

The Act states that all educational institutions in the public sector are required to review, plan and implement changes to remove barriers which will preclude full participation in society

CLOSE UP: Image of Queen's Park with customer service standard rolling out of the front door.

VOICE:

To make things even more explicit the Ontario government has developed a customer service standard under the ODA, known as the **Accessibility Standards for Customer Service**. The goal is to make Ontario accessible through the development of accessibility standards. The customer service standard came into effect on January 1, 2008, and requires Public sector organizations, like U of T, Government of Ontario ministries and broader public sector organizations to comply with standards by January 1, 2010.

CLOSE UP: Image of Beaver in suit and top hat to represent U of T. Beaver is writing at a chalkboard the key things that U of T has done to address accessibility issues.

VOICE:

In response to the AODA and Customer Service Standards, the University of Toronto has been reviewing policies, programs and services which will impact upon persons with impairments. In addition U of T has been developing accessibility plans to address existing barriers and to prevent new barriers from being installed over the past 3 years.

CLOSE UP: Image of the beaver pointing at viewer (like the US ARMY Uncle Sam poster)

VOICE:

This is where you come in.

SCENE 4 DISABILITY AND ACCESSIBILITY

VOICE:

Before we talk about your role, let's talk about our customers and define what disability is or what makes someone disabled. These definitions will give us a better idea of what constitutes a barrier.

CLOSE UP: Image of white cane, hearing aid, disability signage and chains to "link" them all together.

VOICE:

Now when we think of disability, I'm sure there are a few things that immediately come to mind: white canes, mobility devices, hearing aids, dedicated signage, automatic doors, etc.) All of these are connected but disability is actually much more than this

CLOSE UP: Image of "disability" spelled phonetically accompanied by the 4 definitions

VOICE:

As defined by the AODA a disability is:

1. 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 coordination, 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.
2. a condition of mental impairment or a developmental disability,
3. a mental disorder, or
4. an injury or disability which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap").

CLOSE UP: half of the word "disability" in bold writing, the other half outlined with hash marks.

VOICE:

One thought to keep in mind when thinking of these definitions is that disability can be both visible and non-visible. Someone who may appear to be without a disability may still be disabled.

CLOSE UP: U of T Beaver with people debating on each shoulder. Beaver looks back and forth at each shoulder. Two arrows come from its head: one points to the medical model (represented by test tubes, etc.) the other points to the social model (represented by outlines of many people).

VOICE:

With much research and debate over the years we have reached two models which are most commonly used to look at disability: the **Medical** Model and the **Social** Model.

SCENE 5 MEDICAL VS. SOCIAL MODEL

CLOSE UP: Person in a clear toy box on a shelf. Defect sticker is then attached on the outside. An arrow appears that reads, "Inside the individual".

VOICE:

The **Medical** Model – views **disability as a defect**; something to be treated diagnosed or managed with modern medicine. In this case disability is **within** the body/individual

CLOSE UP: On the shelf below there is a sign that reads "accessories" and includes a wheelchair, prostheses and a speech typewriter in separate boxes.

VOICE:

If we follow this train of thought then our job is to eradicate disability via innovation and finding creative ways to remove people's disability or make them more able to carry on a "normal" life. This includes things like prostheses, mobility devices, and devices that assist with speech, hearing and vision.

CLOSE UP: Person getting out of clear toy box. An arrow appears that reads, "Outside the individual". A barrier (brick wall) appears being built around the person getting out of the box.

VOICE:

The **Social** Model...views disabling barriers as **external** to or **outside** the individual who has a single or multiple **impairments**. In this case disability is a **result of our environment**. This includes our physical, technological, communication, and social environments, and how they all work together to create barriers. Therefore, we all play a role in enabling or disabling others in our communities.

SCENE 6 BARRIERS TO ACCESSIBILITY

CLOSE UP: Slide reading, "Barriers to Accessibility"

VOICE:

We acknowledge that a solid understanding of both the Social and the Medical models is essential to understanding disability. We recognize that innovation can play a

significant role in improving quality of life. However we also understand that as individuals we are enabled and disabled in society and we can also act to enable and disable others. Therefore we should look at what **barriers** our society creates to exclude a disabled person from full participation because of his or her impairment.

In the same way that individual impairments can be visible and non-visible, disabling barriers can be visible and non-visible, too. Furthermore, while barriers are often unintentional, they can restrict access to goods and services. Common barriers include:

CLOSE UP: Image of service provider patronizing/talking down to a disabled person when they are trying to get service

VOICE:

Attitude

This barrier is about what we think and how we interact with persons with disabilities. It is perhaps the most difficult barrier to overcome because our attitudes – based on our beliefs, knowledge, previous experience and education – can be hard to change. For instance, some people don't know how to communicate with persons with disabilities – they may assume that someone with a speech impediment also has an intellectual challenge. Some people worry about offending someone by offering help and deal with this by ignoring or avoiding persons with impairments.

VOICE:

Architectural or structural

Architectural or structural barriers may result from design elements of a building such as stairs, doorways, the width of hallways and room layout. These barriers may also occur through everyday practices, such as when we store boxes or other objects in hallways, obstructing accessible pathways.

CLOSE UP: Image that shows a sign stating "SAFETY RULES" with very small writing.

VOICE:

Information or communication

Information or communication barriers – like small print size, low colour contrast between text and background or not facing the person when speaking – can make it difficult to receive or convey information.

CLOSE UP: Image of computer followed by image of telephone. Neither is set up to accommodate potential impairments.

Technology

Technology, or the lack of it, can prevent people from accessing information. Common tools like computers, telephones and other aids can all present barriers if they are not set up or designed with accessibility in mind.

CLOSE UP: Images of different places on campus

Systemic

Systemic barriers can result from an organization's policies, practices and procedures, if they restrict persons with impairments, often unintentionally, as in the case of making a full course load a requirement for eligibility for campus services such as residences, scholarships and honours listing.

Having a better understanding of what barriers are present in society gives a better opportunity to work to remove those barriers.

SCENE 7 STAGES OF INCLUSION

CLOSE UP: Montage of images: researcher in lab, teacher in classroom, government officials at work.

VOICE:

This is what is happening right now. There are people across the globe who are working to change social conditions in order to make the world a more accessible place. But it did not happen overnight. As research on the models of disability was developing, disability in practice and how accommodations are provided has evolved over the years.

CLOSE UP: Images from Para and Special Olympics/Games.

VOICE:

Originally persons with impairments experienced **Segregation**. For example, in schools, disabled persons were given their own environment which would allow them to learn. This, it was thought would be most beneficial. Gradually it was realized that this method only served to isolate and set disabled people apart from the "norm".

CLOSE UP: Image of disabled person in a classroom, but they are alone and in a separate part of the classroom.

VOICE: In order to integrate persons with impairments with the "normal" population there was a shift towards **Mainstreaming**. The idea was to have persons with impairments play, live, and work amongst peers who are not disabled. In a classroom setting, students with impairments were added to "regular" classes for most of the day but were still provided high-quality special education. The problem here was that it did not really address the **attitudes** of people or institutions about disabilities. This process took on an approach such as "add disability, and stir".

CLOSE UP: Images from understanding disabilities slideshow (people holding hands, images from co-curricular photo shoot highlighting accessibility)

VOICE:

Moving forward from mainstreaming the favoured approach to disabilities is **Inclusion**. Inclusion in practice means providing opportunities for participants of all abilities and interests to participate. This means taking into consideration differing levels of ability

when planning a program, designing a space, or when communicating. Some simple examples include:

- Modification of rules, equipment, instruction, and environment examples:
- Putting a bell in a ball so that participants with visual impairments may participate
- Provide verbal, tactile, and visual instructions
- Install lifts in aquatic environments for pool access

CLOSE UP: Slide with key point to accompany narration

VOICE:

The motivation behind Inclusion is to work towards embracing an **attitude of respect** and embracing **individual differences**.

SCENE 8 TROUBLING LANGUAGE

CLOSE UP: Slide reading, "Troubling Language".

CLOSE UP: Slide reading, "The Power of Language" accompanied by the following points:

- Person first terminology
- Taken-for-granted language
- Disability as a metaphor for a problem
- Disability assumed as a fixed category

VOICE:

Our understanding of the world can be expressed through language. Using language to label disability represents a set of values, knowledge, expectations, and policies surrounding a group of people. In our everyday use of language, we play a critical role in constructing our understanding and meaning of disability. Therefore we should be mindful of the language we use and how we use it. Some issues we will outline include: person first terminology; taken-for-granted language; disability as a metaphor for a problem; the assumption of disability as a fixed category

CLOSE UP: Slide reading, "The Power of Language" accompanied by the following points:

- Person with disability vs. Disabled persons
- "Person first" language
- Disability as Identity

VOICE:

One point of contention with regards to language is the use of person first terminology (i.e. "persons with disabilities" versus "disabled persons")

Person first language is characteristic of the health care professions (i.e. occupational therapy), which aims not to define people in terms of their impairments. In this way, personhood is thought to remain intact by designating disability to a secondary status.

Disability theorists advocate for the opposite in that an emphasis upon the “disabled body” must be maintained. The embodiment of disability is a necessary identity which can teach us much about disability and can count disabled persons as experts and informants with the social construct of disability.

CLOSE UP: Slide will have words pop up, accompanied by phrases like: “Are you Deaf!” “That’s so retarded!” “Lame!” “Don’t be such a spaz” “That is sick!”

CLOSE UP: Slide includes key points to accompany narration:

- Disability as a metaphor for a problem leads to an understanding of disability as something negative.

VOICE:

In our “common” sense use of language, we often rely upon disability in order to describe that which is bad, unfavourable, or an unpleasant situation. Disability is often used as a metaphor for problem – "That's a lame excuse." "He's deaf to my requests." In addition to being a problem in need of a solution, it is embedded within discourses of “insufficiency, lack, and inadequacy, diminishment”. In this way, disability in culture or narrative tends to be associated with inherently negative connotations

CLOSE UP: Slide includes key points to accompany narration:

- There is a spectrum of disability which may change for a given individual.

VOICE:

Disability is presented as a fixed category, when often times, it is a fluid and ever changing set of life conditions. In this way, we describe disability as having no level or threshold where one is either disabled or they are not. Disabled bodies and disabled persons are often made to seem extraordinary. Emphasizing disabled bodies as extraordinary cause issues of surveillance, such as over-managing or staring as a person with a disability enters a facility. We need to emphasize the “common use” of disability in language while also recognizing the variations in disability for any given individual.

CLOSE UP: Slide titled, “Theory to Practice” with main points to accompany narration.

VOICE:

So how can we take what we are learning about models of disability and language and apply it to the workplace? Some key messages to consider are:

- Self awareness – How do our perspectives influence our attitude towards disabled persons?
- Be an ally – How can we be champions for disabled persons?
- Question your assumptions - How do our perspectives and attitudes influence the use and/or nonuse of certain language surrounding disability?
- Practice inclusion - What model do we connect with and what role does it play in the type of programs, services and facilities that we offer?

SCENE 9 DISCLOSING DISABILITY

CLOSE UP: Slide highlighting key points about disability disclosure to accompany narration

- Disclosures should always be received with respect and sensitivity.

VOICE:

People with impairments choose whether or not to disclose based on their personal circumstance. Not everyone who has impairment chooses to identify him or herself. Persons with impairments who choose to disclose their personal information are revealing health conditions that would ordinarily be considered private between individuals who do not know each other well.

How a disclosure is received can affect how a person will approach a new situation or relationship. For example how an instructor responds to a member's disclosure can determine whether the member continues his/her participation in a program. Disclosures should always be received with respect and sensitivity.

SCENE 10 CASE STUDY

CLOSE UP: Slide with writing that explains the situation.

VOICE:

With all this in mind, let's consider an example. Let's say you are at work (the pool, or the Strength and Conditioning Centre) and a member with a visual impairment comes in with her working dog to use the facility. There is no place for the dog to rest while the owner does her workout, but the dog needs a secure place to wait. What concerns may arise? How could you handle this?

Do you:

- a) Yell out that she cannot bring her dog into the facility and that she must leave immediately.
- b) Allow the dog to go for a swim/workout with her
- c) Refer back to the following customer service tips from this workshop:

VOICE: Speak directly to the member

VOICE:

Speak clearly.

When offering assistance, wait for permission.

VOICE:

When acting as a guide, speak clearly and describe items in the environment such as any obstacles that may be ahead or specific movements that are required.

VOICE:

Every interaction is a learning experience for both individuals. No one is perfect but patience and courtesy can go a long way in making the interaction enjoyable for both individuals.

If you are unsure how to assist someone with a disability, ask him or her – persons with impairments are their own expert regarding accommodation! The best way to begin an encounter is by simply asking, “How may I help you?”

SCENE 10 WRAP UP

CLOSE UP: Slide which includes all of the customer service tips

VOICE:

Following these simple tips will make your time working here more enjoyable and will help you provide our members with the best possible experience.

CLOSE UP: Slide with link to FPEH homepage

VOICE:

We hope this module has been informative and helpful but if you are curious to learn more please speak to your manager or visit the FPEH homepage at physical.utoronto.ca for more resources.

CLOSE UP: Slide which reads, “Thank you”

VOICE:

Thank you for completing this Customer Service Standard module. We hope you enjoy your time at the Faculty of Physical Education & Health.