Guidance on the Accessible Canada Regulations

Consulting Persons with Disabilities

July 2022

Table of Contents

1. Introduction

The _Accessible Canada Act_ (ACA) and the _Accessible Canada Regulations_ (regulations) require federally regulated entities to prepare and publish:

- accessibility plans
- progress reports on the implementation of their accessibility plans
- descriptions of their feedback processes

The regulations describe how these entities must meet these requirements. One requirement is that entities must consult persons with disabilities in the preparation of their accessibility plans and progress reports.

This guidance will help entities plan those consultations. They:

- explain different kinds of consultations and give advice about how entities might conduct them
- offer tips and describe best practices for handling information received during consultations
- advise entities about the description of their consultations that entities must include in their plans and reports

In line with the principles in section 6 of the ACA, this guidance reflects insights and input from the disability community.

While this guidance is **not** legally binding, it does describe actions that the ACA and the regulations require. These descriptions use the words "must" and "required." The guidance also contain recommendations, tips, and best practices for helping to ensure that consultations are useful and meaningful. These descriptions use the words "recommended," "should," "may," "suggested," and "could."

This guidance and its annexes focus on consulting persons with disabilities.

You can also read the guidance on preparing and publishing accessibility plans.

Guidance on progress reports and feedback processes will be available in the spring of 2022.

Note: organizations should use the guidance as appropriate. Processes, policies and context are different depending on the type and size of the organization.

Regulatory and enforcement authorities

All federally regulated entities must notify the Accessibility Commissioner (a member of the Canadian Human Rights Commission (CHRC)). Some federally regulated entities engage in operations that may fall under additional sets of accessibility regulations under the ACA. Some of these regulations may be made by the Canadian Radio-television and Telecommunications Commission (CRTC)or the Canadian

Transportation Agency (CTA). This means that some entities may be required to notify both the Accessibility Commissioner and either the CRTC or the CTA.

Entities to which these additional regulations apply must still publish accessibility plans, progress reports, and descriptions of their feedback processes. The contents of these documents may differ depending on the applicable regulation. These entities should plan their consultations with this in mind.

Consult sections 42 to 50 of the ACA for information about regulated entities who carry on broadcasting undertakings.

Consult sections 51 to 59 of the ACA for information about regulated entities who are Canadian carriers or telecommunications service providers.

Consult sections 60 to 68 of the ACA for information about regulated entities who are part of the federal transportation network.

Consult sections 69 to 72 of the ACA for information about all other regulated entities.

Consult the regulations for more information about how regulators and enforcement authorities will evaluate compliance.

Note: The Government of Canada recognizes that the COVID-19 pandemic has affected the day-to-day lives of Canadians, businesses, and organizations. In many instances, there has been a disproportionate impact on persons with disabilities, affecting their capacity to participate in regulatory consultations.

As the pandemic evolves and you plan your consultations, make sure these plans respect all applicable public health guidelines and restrictions. Even if local policies allow for in-person events, consider offering virtual consultation options as an alternative while the public health situation remains uncertain. Some participants may still want to avoid traveling, congregating indoors, or using public transportation.

2. Background

"Nothing without us"

The principle of "Nothing without us" recognizes that persons with disabilities are equal participants in all areas of life. They should contribute to all decision-making on policies, programs, practices, and service delivery.

This principle should inform how your organization approaches its responsibilities under the *Accessible Canada Act* (ACA) and the *Accessible Canada Regulations* (regulations). It should guide the way you identify, remove, and prevent barriers. It should also guide your approach to consulting persons with disabilities and acting on their input.

Section 6 of the ACA sets out principles that your organization must take into account in carrying out your obligations under the ACA. You must take these principles into account when planning your consultations:

1. all persons must be treated with dignity regardless of their disabilities
2. all persons must have the same opportunity to make for themselves the lives that they are able and wish to have regardless of their disabilities
3. all persons must have barrier-free access to full and equal participation in society, regardless of their disabilities
4. all persons must have meaningful options and be free to make their own choices, with support if they desire, regardless of their disabilities
5. laws, policies, programs, services and structures must take into account the disabilities of persons, the different ways that persons interact with their environments and the multiple and intersecting forms of marginalization and discrimination faced by persons
6. persons with disabilities must be involved in the development and design of laws, policies, programs, services and structures
7. the development and revision of accessibility standards and the making of regulations must be done with the objective of achieving the highest level of accessibility for persons with disabilities

With these principles in mind, this guidance will help you ensure that your consultations:

- focus on identifying, removing, and preventing barriers for persons with disabilities
- are accessible for all participants
- acknowledge the experiences and insights of persons with disabilities, and incorporate those experiences and insights into planning of accessibility improvements

Since organizations have different resources, needs, and capabilities, there are different ways in which to consult. Your organization must decide whom, when, and how to consult. This guidance offers recommendations, tips, and best practices for consultations that are:

- meaningful for you and for the stakeholders you consult
- useful for developing and updating your accessibility plans
- useful for reporting on your progress in implementing your accessibility plans
- inclusive and welcoming for all participants

What consultation means

Consultation involves communicating with stakeholders to gather comments, opinions, and other information. Your stakeholders are people affected by your policies, programs, practices, and services. Consultation could take many different forms, ranging from in-person group discussions to online surveys to hybrid models involving multiple forms.

The ACA requires that you consult persons with disabilities in the preparation of your accessibility plans and progress reports. Effective consultation is essential to ensure that these documents are truly meaningful. It is also important for identifying, removing, and preventing barriers.

Remember to uphold the principle of "Nothing without us." Whenever possible, involve persons with disabilities in planning your consultations.

Ensure your consultations are accessible and inclusive. Take into account the different types of disabilities and the different accommodations persons with disabilities may need. Read our annex on understanding [disability](#) for tips, recommendations and best practices.

Consider other kinds of accessibility as well. For example, remember that:

- participants from rural or remote locations may not have consistent access to transportation or the Internet
- some persons with disabilities may find the cost of attending in-person events to be a barrier
- people with family obligations, including women with disabilities and caregivers, may face added barriers to participating in your consultations

No matter what format or formats you choose, think about how consultees could participate through alternate means. Consider allowing some people to participate in an in-person event through a videoconference platform, for example, or submit spoken answers to a written survey. This flexibility makes it easier for people to participate when health, personal obligations, or other factors may change their availability from day to day.

Obtaining a variety of perspectives is important to meaningfully improve accessibility in your organization. Your consultations should involve persons with disabilities who have different backgrounds, roles, and experiences. Participants may include:

- employees of your organization
- clients who use your services
- experts on accessibility and disability
- members of the public

What the ACA and its regulations say about consultation

The ACA says that [your organization must consult regarding its accessibility plans](#):

> "The regulated entity must consult persons with disabilities in the preparation of its accessibility plan and every updated version of its accessibility plan. […] The accessibility plan must set out the manner in which the regulated entity consulted persons with disabilities in the preparation of the plan."

The ACA also says that [your organization must consult regarding its progress reports](#):

"The regulated entity must consult persons with disabilities in the preparation of its progress report. […] The progress report must set out the manner in which the regulated entity consulted persons with disabilities in the preparation of its progress report."

The regulations say that your accessibility plans and progress reports must include a "Consultations" heading. Under this heading, you must describe how you consulted persons with disabilities in preparing the plan or report.

Being accessible while consulting

To deliver effective results, your consultations should be accessible.

This means allowing everyone you invite to participate fully and meaningfully. It means recognizing that some participants may face barriers that prevent them from fully participating. It also means that you should make efforts to prevent and remove those barriers.

There are many different types of disabilities, and barriers may differ significantly from person to person. Barriers can take different forms, including:

- physical, such as pathways that are too narrow for wheelchairs
- attitudinal, such as assuming things about someone's intelligence or cognitive capacity
- systemic, such as when a lack of accessible documents keeps participants from accessing information they need

Being accessible also means considering participants' backgrounds, religions, socio-economic status, languages, genders, and more. It means recognizing that each person's experience is unique, and no one can speak for everyone. It also means recognizing that multiple identity factors can intersect or overlap with disability, producing barriers for some people and not for others.

You can find more tips and ideas in our annexes on cultural considerations and inclusive language.

In this guidance, you will find recommendations, tips and best practices that will help you:

- allow as many people to participate as possible
- account for the added time, space, and resources required for inclusive consultations
- recognize and remove different kinds of barriers to accessibility

3. Before you begin: key concepts to keep in mind

Introduction

The *Accessible Canada Act* (ACA) and the *Accessible Canada Regulations* (regulations) do not require you to follow any one particular approach to your consultations. Whatever approach you choose, the key concepts described in the following guidance will help ensure

your consultations are effective. They will also show how effective consultations can support your organization's efforts to identify, remove, and prevent barriers.

Different kinds of disabilities

The ACA defines a [disability](#) as:

> "Any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society."

The ACA defines a [barrier](#) as:

> "Anything – including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice – that hinders the full and equal participation in society of persons with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation."

Persons with disabilities encounter different kinds of barriers. What is accessible for one person may not be accessible for everyone. Each person with a disability is unique.

The [2017 Canadian Survey on Disability](#) identified the following types of disabilities:

* seeing, or vision
* hearing
* mobility
* flexibility
* dexterity
* pain-related
* learning
* developmental
* mental health-related
* memory

The survey also allowed people to describe other long-lasting health problems or conditions that involved impairments.

Many disabilities fit into one of these categories, while others fit into more than one category (such as mobility, flexibility, or dexterity disabilities). Some disabilities do not fit neatly into any of these categories at all. This might include disabilities like epilepsy, Crohn's disease, or deafblindness.

People can have multiple disabilities. For example, a person with a mobility impairment could also have a learning or hearing disability. Having multiple disabilities may affect someone's

ability to participate in consultations, as can other factors like age, neighbourhood, gender, and so on. If you are not sure about how to address or include someone, the best thing you can do is ask them.

You should think about different types of disabilities when planning your consultations. Consult the annex on key disability concepts for definitions, resources, tips and best practices.

Cultural and intersectional factors

Persons with disabilities, like all people, have multiple intersecting identity factors. This means that many different factors go into who they are and how they interact with the world. Intersectional identity factors may be biological (such as sex) and socio-cultural (such as gender). They may also include age, race, ethnicity, religion, and more.

Many persons with disabilities also identify as belonging to other traditionally marginalized or underserved groups. This can increase the barriers they encounter.

You should think about these factors when planning your consultations. Consider including a Diversity, Equity and Inclusion consultant in your planning process. You can also consult the annex on cultural factors for definitions, resources, tips, and best practices.

Inclusive language and communication

Every step of your consultation process should respect and uphold the dignity of persons with disabilities. This is especially important when it comes to language. The words you use can be very powerful, both to help and to harm. Some words can make people feel welcome, included, and respected. Other words can make people feel excluded, ignored, or disrespected.

There are many things to consider in choosing your words, such as whether they are gender-neutral and culturally sensitive. There are also specific things to keep in mind when it comes to disability and accessibility.

Keep these factors in mind when planning your consultations. Consult the annex on inclusive language for definitions, resources, tips, and best practices.

Respecting privacy and confidentiality

Participants may say or write things during your consultations that they would not want you to quote, or share publicly.

This might include personal information such as their identities, medical histories, or experiences facing barriers or discrimination. It is important to recognize that many attitudinal barriers still exist, including misunderstandings and stigma surrounding disability. Some

participants may not be comfortable publicly identifying themselves as having a particular disability, or any disability at all. This may be true especially for participants with "hidden" or "invisible" disabilities.

In addition, specific topics could involve particular sensitivities. For example, participants in an engagement session on accessible employment might make constructive comments about accessibility issues. They might be worried about facing repercussions for these comments, or for disclosing they have a disability.

It is important that you reassure participants who may have these concerns, but also that you ensure the process is open and accountable. With this in mind, we recommend the following:

- ensure that participants are able to contribute comments anonymously, if they prefer
- reassure participants that you will respect their privacy, regardless of what they say or how they contribute

  o some participants may ask to remain anonymous
  o others may not object if you attribute their comments to them

- arrange for an independent facilitator, who has no connection to your organization, to attend or administer your consultations
- if you prepare a summary of participants' comments, offer participants the opportunity to review and comment on it

  o common names for these summaries are "what we heard reports" or "what we learned reports"
  o read our guidance for tips on how to prepare such a summary

Above all, ensure that you follow all relevant laws in your jurisdiction regarding the handling of private and personal information.

Avoiding "consultation fatigue"

Stakeholders can feel overloaded with activities like consultations. This can affect their willingness to participate, and limit the amount of input they have time or energy to give. A common name for this is "consultation fatigue."

Consultation fatigue can occur when consultation events:

- happen too frequently
- do not lead to meaningful results
- are disorganized
- do not respect participants' time or other responsibilities

There are a number of things you can do to avoid contributing to consultation fatigue:

- ❖ keep in mind that many organizations and individuals may share their expertise and lived experience as a professional service

  - o you may need to use contracts or other mechanisms to secure their involvement

- ❖ remember that disability organizations and individual persons with disabilities will face significant demands on their time and expertise

  - o these organizations and individuals may not have the resources to respond to all requests
  - o some individuals may need to take time away from their jobs or other professional obligations in order to participate in your consultations
  - o it is important to find ways to recognize the value of what they are contributing

- ❖ be clear about the purpose of your consultations and set reasonable goals for participants
- ❖ go in with an open mind and make sure the consultations are open discussions between your organization and the participants
- ❖ provide information long before any deadlines, meetings, or other consultation milestones so participants have enough time to prepare and engage

  - o if you consult in-person, ensure you give participants time to:

    - ▪ review the background material
    - ▪ collect any information they may wish to bring with them
    - ▪ make travel plans

  - o if you consult virtually, online, or by other means, ensure you give participants time to:

    - ▪ review the background material
    - ▪ prepare their responses
    - ▪ arrange access to any secure features (such as web forums or portals)

- ❖ when possible, determine whether other entities have recently consulted your intended participants

  - o along with helping to avoid consultation fatigue, this may provide an opportunity for you to learn from the results of other consultations

- ❖ look at previous consultations to see what approaches have been successful in the past

Above all, remember that even volunteer participants are sharing their time, expertise, and experience with you. It is important not to ask more from them than they have agreed to provide.

4. Planning your consultation: setting objectives

Introduction

Understanding that organizations have different resources, needs, and capabilities, there are different ways to consult. The *Accessible Canada Act* (ACA) and the *Accessible Canada Regulations* (regulations) do not require you to take a specific approach to your consultations. Given the range of possibilities and factors, planning an effective consultation can be a complex undertaking.

You will have to choose:

* the stage of preparing your accessibility plan or progress report in which you will consult
* the range of disabilities to represent when choosing whom to consult
* the types of questions to ask
* the format

When planning your consultations, you should determine some or all of the following:

* representation

  o who the persons with disabilities most involved with your organization are
  o who is most likely to encounter barriers specific to your organization
  o who has been marginalized, underserved or ignored in your industry/community

* venue

  o if your organization has an accessible meeting space for in-person consultations, or would need to book one
  o if you have a space, how many people, including those in wheelchairs, it can comfortably contain
  o if this venue is located somewhere that participants can get to easily
  o the annex on key disability concepts and accommodations has more tips, recommendations, and details on best practices

* inclusivity

  o if your stakeholders would prefer a certain kind of consultation
  o if they have any privacy preferences

    ▪ if they would be comfortable expressing themselves in person through open discussions
    ▪ if they would prefer the privacy of a phone call or an online survey

  o if opening your consultations to the public, rather than inviting individuals directly, would help or harm your process

- there are more tips, recommendations, and best practices in the annexes on [inclusive language](#) and [intersectional and cultural considerations](#)

- ❖ budget

  - the direct and indirect costs – in money, time, or resources – of the type of consultation you choose
  - if you will need to provide alternate formats of consultation materials

    - how much these will cost, and how long it will take to get them

  - the costs for interpreters (examples: sign language or Communication Access Realtime Translation (CART)), facilitators, or other staff
  - what professional services or support disability organizations might be able to provide for your consultation. For example:

    - interpreters' or CART services
    - services as independent facilitators
    - services to help assess the accessibility of your consultation's physical or virtual spaces

- ❖ scheduling

  - if you are conducting in-person or live virtual events, when they will take place and how long they will last
  - how far in advance you must book interpreters, CART providers, or other support staff
  - if your schedule takes participants' existing obligations and responsibilities into account
  - if your schedule avoids early-morning or late-evening events
  - if there are multiple components to an event, that you have left enough time between them for breaks, refreshments, and set-up
  - travel time for participants and staff
  - if any online or mail solicitations allow enough time for participants to prepare and submit their responses

Remember: you can use more than one form of consultation. In fact, you may want to use more than one if you are seeking responses from different people and groups. [Learn more about some of the different types of consultations you may want to consider](#).

Consulting on the planning and reporting requirements of the ACA

The ACA requires that you consult persons with disabilities in the preparation of your accessibility plans and progress reports. This will help ensure you obtain information that is meaningful and useful for identifying, removing, and preventing barriers to accessibility. These consultations are not to gather opinions on marketing, consumer preferences, or policies that are unrelated to accessibility.

Remember that participants are investing their time and energy to help you. Respect their efforts by keeping your consultation focused on the subjects they agreed to discuss.

Remember as well that some participants may not be able to comment on every aspect of your policies, programs, practices, and services. For example, a client with a disability may be able to comment on your services, but not on your hiring practices. Persons with different disabilities may also have different experiences within the same area or subject. What is accessible for one person may not be accessible for all.

Note: Entities with an average of fewer than 10 employees are exempt from the regulations' planning and reporting requirements. These entities do not have to prepare or publish accessibility plans, progress reports, or descriptions of feedback processes.

Subsections 1(2) and 1(3) of the regulations describe how to calculate your average number of employees. Subsections 3(1) through 3(3) describe how these exemptions apply. Subsections 4(3) and 4(5) describe when your organization will become subject to planning and reporting requirements if your average number of employees increases enough that you are no longer exempt.

Subsections 2(a) and 2(b) of the regulations describe additional limited exemptions for First Nations band councils and certain related entities.

Consulting for accessibility plans

Your organization must prepare and publish accessibility plans. You must consult persons with disabilities in preparing these plans.

Your plans must include content under specific headings, including a "Consultations" heading. Under this heading, you must describe how you consulted persons with disabilities in preparing your plan.

The regulations also require that your plans include headings for areas found in section 5 of the ACA. Your plans must address your policies, programs, practices and services in relation to the identification, removal, and prevention of barriers in these areas. Which areas you include in your plans, and how you address them, may depend on the regulatory authority or authorities you must notify.

For additional information on how to prepare and publish accessibility plans, consult our guidance on accessibility plans. You can also read the guidance subsection on different regulatory and enforcement authorities.

When scheduling consultations, keep in mind that there are deadlines by which entities must publish their first accessibility plans. Under the ACA, entities must publish their first accessibility plans within 1 year (12 months) after the day fixed in the regulations. The regulations fix different deadlines depending on entities' nature and size:

- ❖ for government entities, including departments, agencies, Crown corporations, or government-related entities such as the Canadian Forces or Parliamentary entities
  - o the regulations fix a date of December 31, 2021
  - o those entities must therefore publish their first accessibility plans by **December 31, 2022**
- ❖ for large federally regulated private sector entities with an average of 100 or more employees
  - o the regulations fix a date of June 1, 2022
  - o those entities must therefore publish their first accessibility plans by **June 1, 2023**
- ❖ for small federally regulated private sector entities with an average of between 10 and 99 employees
  - o the regulations fix a date of June 1, 2023
  - o those entities must therefore publish their first accessibility plans by **June 1, 2024**

Your organization must take these deadlines into account when planning your consultations. There are at least two ways to do so.

One way is to consult persons with disabilities on a wide variety of barriers and other issues first. You would then write your plan based on the comments they provide. Read more on questions to ask about barriers.

Another way is to write a draft version of your plan first and then consult persons with disabilities on ways to improve it. If you do this, you could ask participants whether or not your plan:

- ❖ sets realistic and achievable goals
  - o explains how your organization will achieve those goals
  - o provides a rationale for why your organization made certain decisions and proposed certain actions
  - o covers all of the topics that it ought to
- ❖ is similar to or different from any other accessibility plans participants may have seen
- ❖ demonstrates that the required consultations have been or will be meaningful
- ❖ is simple, clear and concise
- ❖ is laid out in a manner that they find accessible
- ❖ should receive more significant changes when your organization updates the plan in the future

You must allow enough time after the consultation to analyze the information you receive. You must also allow time to write the description of how you consulted to include in your plan.

Consulting for progress reports

Your organization must prepare and publish progress reports about the implementation of your accessibility plans. You must consult persons with disabilities in preparing these progress reports.

As with your accessibility plans, your progress reports must include content under specific headings, including a "Consultations" heading. Under this heading, you must describe how you consulted persons with disabilities in preparing your report.

The regulations also say that progress reports must include headings for areas found in section 5 of the ACA. Progress reports must provide information respecting the implementation of your organization's accessibility plans, which also addressed these areas. Which areas you include in your plans and reports, and how you address them, may depend on the regulatory authority to which you report.

Additional guidance on progress reports will be available in 2022. You can also read the guidance subsection on different regulatory and enforcement authorities.

When planning consultations for your progress reports, remember that the regulations' planning and reporting cycle determines when you must publish those reports. You must publish or update your accessibility plans on a 3-year (36-month) cycle. Section 13 of the regulations explains that you must publish a progress report in each of the years that fall between each version of your accessibility plan.

For example, if you are an entity that must publish its first accessibility plan by December 31, 2022, you would then be required to publish:

❖ a progress report on that plan by December 31, 2023
❖ another progress report on that plan by December 31, 2024
❖ an updated accessibility plan by December 31, 2025
❖ a progress report on that updated plan by December 31, 2026
❖ and so on

Remember: the deadline for publishing your first progress report depends on the deadline for publishing your first accessibility plan. The requirements and deadlines for publishing a first accessibility plan are not the same for all entities. Consult the guidance on accessibility plan deadlines to learn more.

Your organization must take this cycle into account when planning your consultations. There are at least two ways to do so.

One way is to consult persons with disabilities before writing your progress report. You would ask how they evaluate your progress in implementing your accessibility plan. You would then write your progress report based on the comments they provide.

Another way is to write a draft version of your report first and then consult persons with disabilities on ways to improve it. If you do this, you could ask them questions to determine some or all of the following:

- ❖ in which areas they identify progress that your organization has made
- ❖ if there are areas of success or continuing work that the progress report has not yet taken into account
- ❖ if there are better ways in which your organization can deal with barriers that people have identified for you
- ❖ if the report demonstrates that your consultations have been or will be meaningful
- ❖ if there are new questions they would like you to ask in future consultations
- ❖ if the report is simple, clear and concise
- ❖ if the report meaningfully describes and accounts for the feedback you received through your feedback process
- ❖ if there is more that your organization should do to improve accessibility

You should allow enough time after the consultation to analyze the information you received. You must also allow time to write the description of how you consulted to include in your report.

Feedback processes versus consultation input

For the purposes of the ACA and its regulations, keep in mind that there is a difference between:

- ❖ feedback you receive through your organization's feedback process
- ❖ comments you receive when you consult persons with disabilities

All requirements in the ACA and its regulations relating to "feedback" apply only to information you receive through your feedback process. You will receive this feedback through the means set out in the description of your feedback process. These means must include at least mail, telephone, email, and any other means that your organization uses to communicate with the public.

The ACA says you must have a process for receiving and dealing with feedback on:

- ❖ how you are implementing your accessibility plan
- ❖ barriers that your employees or other persons who deal with your organization encounter

Your progress reports must include a "Feedback" heading. Your reports must provide information about the feedback you received through your feedback process, and about how you have taken it into consideration. Additional guidance on feedback processes will be available in 2022.

The information you receive when consulting persons with disabilities could pertain to many things. It will depend on the questions you choose to ask, and on the answers participants choose to give.

When you publish an accessibility plan or a progress report, it must include a "Consultations" heading. Your plan and report must provide information about how you consulted persons with disabilities in preparing that plan or report. Additional guidance on progress reports will be available in 2022.

Consulting on the areas in section 5 of the ACA

To help achieve a Canada without barriers on or before January 1st, 2040, federally regulated entities should identify, remove, and prevent barriers in the areas described in section 5 of the ACA:

- ❖ employment
- ❖ the built environment
- ❖ information and communication technologies (ICT)
- ❖ communication, other than ICT
- ❖ the procurement of goods, services and facilities
- ❖ the design and delivery of programs and services
- ❖ transportation

Some accessibility barriers could fall within more than one of these areas. For example, an inaccessible hiring portal might fall under both employment and ICT.

Remember: your accessibility plans and progress reports must include headings for areas found in section 5 of the ACA. Your accessibility plans must address your policies, programs, practices and services in relation to the identification, removal, and prevention of barriers in these areas. Your progress reports must provide information on how you are implementing your accessibility plans. Which areas you include in your plans and reports, and how you address them, may depend on the regulatory authority to which you report. Consult the guidance subsection on different regulatory and enforcement authorities.

As you consult persons with disabilities, ask for advice on identifying, removing, and preventing barriers in all areas.

Consulting to identify, remove, and prevent barriers

When consulting persons with disabilities about identifying, removing, and preventing barriers, we recommend that you ask questions to determine some or all of the following:

- ❖ which barriers in your organization you still need to address
  - o physical barriers on your organization's property or in its physical structures

- physical barriers make it difficult for someone to move around or interact with an environment, space, or objects; for example:

  - entrances without ramps
  - a sign-in process that requires a hand-written form
  - waiting or rest areas lit by bright, flashing lights

- attitudinal barriers in your organization's policies, programs, practices and services

  - attitudinal barriers come from how people think about, speak to, or otherwise treat persons with disabilities; for example:

    - employees are not trained about hidden or invisible disabilities
    - managers assume an employee with a disability is less capable, and do not assign them important work or provide advancement opportunities
    - managers and employees pay less attention to clients with disabilities, or treat them with less respect

- systemic barriers in your organization's policies, programs, practices, and services

  - systemic barriers persist in an organization's norms and practices; for example:

    - organization's website or other publications regularly use images and tables without captions or alt-text
    - administrators make accessibility improvements only in reaction to complaints or requests, rather than proactively
    - organization's website or other publications do not include images or acknowledgement of persons with disabilities

- existing barriers that should be your priority for removal
- potential future barriers that should be your priority for prevention

- how your organization could better understand, identify, remove, and prevent barriers
- if your organization is applying a diverse and intersectional lens to accessibility
- if your organization ensuring that steps taken to remove current barriers do not contribute to new barriers in the future

5. Planning your consultation: choosing an approach

Consulting persons with disabilities – general

Include persons with disabilities in decision-making processes about your policies, programs, practices, and services. Consulting persons with disabilities, as the *Accessible Canada Act* (ACA) requires, contributes to this inclusion. It also helps your organization enact the principle of "Nothing without us" and the principles that underpin the ACA.

Before you begin your consultations, we recommend that you start by **researching** and **reaching out**. Here are some things to keep in mind:

- researching

  - Identify the kinds of barriers persons with disabilities may face when using your services or working for you
  - Perform an accessibility review of your organization's operations, including in physical and digital spaces
  - Review any published experiences of persons with disabilities with organizations similar to yours and in your community
  - Consult educational material prepared by disability organizations
  - Consult Government of Canada resources on accessibility and disability provided through sources such as Accessibility Standards Canada or the Office for Public Service Accessibility

- reaching out

  - Promote awareness of accessibility and different kinds of disabilities within your organization
  - Build relationships with disability organizations and their leaders, especially within your community

    - they may help you evaluate your organization's barriers and connect with possible participants

  - Foster relationships with the disability community

    - identify and address historic or ongoing inequities in your industry or community
    - Identify and address potential barriers to participation in your consultations
    - meet a variety of groups representing multiple perspectives and experiences of disability

  - Attend public, disability-related community events and listen to participants' experiences
  - Be mindful about how you reach out

    - ensure that your methods are accessible and secure, especially when using websites or social media
    - remember to consult persons with disabilities on barriers within any digital and information and communication technologies involved in your operations

      - consider having persons with disabilities test these technologies to ensure they are accessible and function well

Remember: Building relationships with disability organizations can help you develop meaningful consultations. These organizations may be willing to help with research, publicize your consultation process, and connect you with potential consultees. However, these

relationships do not replace consultation itself. You must still consult persons with disabilities in the development of your accessibility plans and progress reports.

Consulting persons with disabilities – clients and the public

It can also be very valuable to consult clients or members of the general public with disabilities. Many of them will have insights on eliminating and preventing accessibility barriers.

You may wish to hire an independent facilitator who is familiar with accessibility-related issues and how to manage them. Clients may be more comfortable speaking with a facilitator from outside your organization.

You may also wish to:

❖ post materials on your website or social media platforms asking for comments
❖ set up a booth at a trade show or community event
❖ organize a town hall event at your place of business
❖ email a survey or questionnaire to your clients and stakeholders

We also recommend that you keep the following in mind:

❖ account for religious, statutory and cultural holidays when planning consultations

   o read our annex on cultural considerations

❖ if possible, consider offering consultation materials in multiple languages, as well as in the official languages of French and English

   o this may include offering materials in American Sign Language (ASL), la langue des signes québécoise (LSQ), or Indigenous sign languages
   o it may also include offering materials in languages, other than French or English, that are spoken commonly in your community
   o read our annex on inclusive language

❖ include additional background information in your consultation materials

   o clients and members of the public may not be aware of details regarding your organization and its operations
   o read our annex on disability categories and considerations

Consulting persons with disabilities – employees

We recommend that your consultations include your employees with disabilities. They understand how your organization works, and are well-placed to identify and advise on accessibility barriers. Depending on the corporate structure and policies of your organization, union representatives may participate in these consultations.
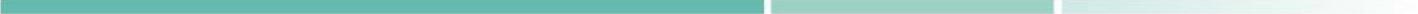
Participation should be open to all employees, whether they choose to disclose a disability or not. Provide employees with the option to participate in your consultation anonymously, if possible. Having your consultations led by an independent facilitator can help employees feel more comfortable to express themselves freely.

How to approach potential participants

When inviting persons with disabilities to consultations, timing should be one of your most important considerations. Sending invitations far enough in advance will:

- help people fit your consultations into their schedules
- allow them to review materials and prepare their responses
- give them time to arrange for any travel or accommodations
- allow you to fulfill any requests for accommodations, such as interpreters or documents in alternate formats

Personal and general invitations

Personal invitations can be useful when you have already been in contact with organizations or individuals that you would like to invite. Organizations may be willing to use their networks to invite specific people to take part in your consultations. They may also send representatives to participate on their behalf. Direct invitations can be more personal, and can offer an opportunity for you to discuss accommodations and preferences early on.

General invitations do not target specific individuals or organizations. Instead, they offer a public notice that your consultations are happening. Indirect invitations might include:

- advertising in local newspapers and on radio or television stations
- advertising or engaging on social media
- distributing materials to disability groups to share with their members
- displaying print advertisements, pamphlets, or other material where they are likely to be found by individuals that you wish to include in your consultations

Whether you choose direct or indirect invitations, or a mix of the two, your invitation should explain:

- the reason for your consultation
- the format of your consultation
- any criteria for selecting participants
- what you expect from participants and desire as outcomes
- any other requirements, , including deadlines

Remember: It can be helpful to include participants who are interested in accessibility and who have experience with disability and barriers. However, avoid targeting people based solely on their specific disabilities (for example "we want to speak with persons who are deaf or who use

wheelchairs"). Address participants as people first rather than simply as possessors of certain traits, health conditions, or experiences of certain barriers. Consult the annex on inclusive language for more tips and recommendations.

Planning and reporting deadlines

The regulations provide deadlines for the publication of your accessibility plans and progress reports. We recommend that you conduct your consultations long before these deadlines. This will give you time to receive, process, and act on participants' comments.

Choosing your format

The ACA and its regulations do not require that you use a specific format for your consultations.

You should choose a format based on your organization's resources, needs, and capabilities. You will also want to reach as many people as possible through different formats of consultation. This may also help you take into account different language, interpretation, and participation preferences.

In-person consultations

Some participants prefer in-person events to virtual events or online submissions. They can allow for live presentations, open discussion, and direct networking opportunities for both participants and facilitators.

You may decide that in-person events are the most appropriate for your organization's needs. Remember that they can involve higher costs, more resources, and more logistical planning than web-based or other formats. Consult the annex on key disability concepts for more tips, recommendations and best practices.

In-person events may not be possible during the COVID-19 pandemic. Be sure to follow all applicable local, provincial and federal health and safety protocols when planning in-person events. Even if those protocols permit in-person events, some persons with disabilities may have additional health and safety needs to consider.

If you are organizing an in-person event, we recommend that you keep the following in mind:

- ❖ include the right number of interpreters and other support staff
  - o sign-language interpretation should be available for all participants who need it
    - ▪ if your event involves break-out sessions, each participant who needs a sign-language interpreter may require one of their own

- ➢ check whether or not you could also project one interpreter per session on a shared screen
  - o a professional stenographer should provide Communication Access Realtime Translation (CART) for participants who need it
    - ▪ remember: you may have to reserve and obtain audio-visual technology like projectors, screens, and laptops separately
  - o include staff who are trained in first aid
  - o include staff who are also trained in mental health first aid, which can help people experiencing distress, anxiety, or other situations
  - o consider having staff dress in ways that increase their visibility
    - ▪ dress in uniform colours, such as all in black or the same colour shirt
    - ▪ highly visible markers, such as ribbons, lanyards, hats, or handheld signs with smiley faces
  - o place organizers and assistants in consistent and visible spots throughout the event to help participants find them

- ❖ schedule enough time for all events and breaks, ideally building in extra time
  - o budget up to twice the expected time for anything requiring action from participants to ensure everyone has enough time to participate comfortably
  - o stick to the schedule as much as possible, but always be ready to adapt to unexpected situations
  - o consider offering some or all events more than once, in both morning and afternoon, to make it easier for everyone to participate

- ❖ provide a comfortable and spacious venue
  - o leave at least 2 metres between tables and walls
    - ▪ this will help people who use wheelchairs, scooters, or other mobility aids move freely
  - o leave enough seats at each table for interpreters, assistants, or service dogs
  - o if you must dim the lights during a presentation, make sure that people can still see the interpreters
  - o avoid flashing lights, scents, or other things that could be barriers or triggers
  - o provide quiet, private space for participants who must take breaks from consultation activities or attend to personal or medical needs

- ❖ test all necessary equipment (such as projectors, microphones, or speakers) prior to the event
- ❖ anticipate the needs of participants with service dogs
  - o ensure access to a water bowl and to a clearly designated toilet area

- o   provide comfortable space for the dog and its handler
- o   do not seat them in front of a speaker or in an area with high traffic
- o   remind participants and staff not to pet, feed, or play with service dogs

Emergency planning

All in-person events should have an accessible emergency response plan. Develop this plan with the venue manager. During the sign-up process for your events, ask all participants how you should accommodate them in an emergency. Present the emergency response plan to everyone at the beginning of the consultation session.

Here are a few things that we recommend you keep in mind:

- ❖   ensure staff are available and trained to help participants evacuate the venue
- ❖   ensure that multiple staff members are qualified to provide first aid
- ❖   make sure the venue has a fire alarm with a flashing strobe light that is visible to people with hearing disabilities
- ❖   host events on the ground floor whenever possible

  - o   this allows for a faster evacuation
  - o   it also ensures that elevator disruptions or stairways do not pose a barrier

- ❖   if the venues have stairs, make sure there are stairway evacuation chairs

  - o   these wheelchair-like devices allow persons with mobility disabilities to evacuate through stairways
  - o   at least one additional person must assist in operating evacuation chairs

    - ▪   you should designate this person as part of the emergency response plan

- ❖   evacuations can involve added barriers for people with vision or hearing disabilities

  - o   you should designate staff to accompany these people in the emergency response plan

- ❖   ensure that staff offer calm and respectful assistance to all participants

Web-based consultations

There are multiple ways to consult online:

- ❖   virtual events, such as video conferences or webinars
- ❖   soliciting written comments, briefs, or answers to questionnaires and surveys
- ❖   combining these and other approaches

Web-based consultations may remain a preferred option during and after the COVID-19 pandemic. They are safer, and can be more accessible and affordable for participants in different locations.

Any content you post online should be accessible. The World Wide Web Consortium's (W3C's) [Web Content Accessibility Guidelines (WCAG)](#) can help you with this. These are guidelines for designing accessible websites.

The regulations require all digital versions of your accessibility plans, progress reports, and descriptions of feedback processes to meet specific WCAG requirements. They must meet the Level AA criteria in the most recent version of WCAG available in both French and English. This is currently [WCAG 2.1](#), but it will change when official translations of newer WCAG versions become available.

We recommend that all web content for your consultations also meet at least WCAG 2.1 Level AA criteria. You can consult the [European Union's EN 301 549 standard (PDF file, 2.17 MB)](#) for more ideas about improving your information and communications technology (ICT) accessibility.

Virtual and other events

Virtual events can be a good substitute for in-person meetings or discussions. They allow participants to interact in real time. They can also let participants see and "meet" each other while networking and collaborating. They can be more accessible and affordable to participants who would have difficulty travelling.

Some virtual events are live, with participants all online at once. Other events are pre-recorded, so discussions do not take place in real time. This allows participants to contribute at their own pace at times that are most convenient for them. Virtual events on platforms like Zoom, WebEx or Microsoft Teams have been more common during the COVID-19 pandemic. They will likely continue to be popular even after the pandemic.

Here are some things we recommend you consider when planning a virtual event:

- accessibility
  - Use software with accessibility features like automated captioning, but remember:
    - some participants may still request Communication Access Realtime Translation (CART) services
    - automated captioning may not be completely accurate, and may not work equally well in every language
    - sign language interpretation may still be necessary for some participants, so be sure to ask participants about their needs in advance)
  - Ensure that all hosting software is compatible with screen readers
    - screen readers are software or devices that can interpret (read) text for persons with vision disabilities
    - incompatible software may be a barrier to some participants, so you should ask participants about their needs in advance

- many screen readers cannot read the chat feature in video-conference platforms, so plan for how else to share information that appears in the chat feature

o Ensure that all presentations and presentation materials (such as slides or recordings) are accessible

o Screen readers may not be able to capture the text in slides if participants use a "share screen" feature

- consider sharing slides with participants ahead of time
- presenters should avoid using "share screen" option, since this can block the sign language interpreters

o Virtual events that are not live can be more accessible

- some participants may need to engage at their own pace
- consider allowing participants to contribute in other ways, such as by email or telephone, if they face too many barriers with virtual events

❖ support

o Ensure that at least one staff member is present to serve as a trouble-shooter or moderator

- they should actively observe the event, answer technical questions, and try to minimize disruptions

o Establish a clear code of conduct for behaviour, including how moderators will respond to participants who do not abide by it

- consider involving participants in this process, asking them if they have additional rules or expectations to suggest
- rules should address what organizers discourage or forbid, such as disruptive or disrespectful behaviour
- rules should also address what organizers encourage or allow, such as how to ask questions or what can appear on camera

o Allow extra time at the start of each live event, and whenever transitioning from one activity to another

- participants will often need time to test the compatibility of their hardware or devices
- this will also allow time to address any technical problems or general questions

❖ security

o Use only well-known, licensed software to host your event

- ensure participants can download any necessary applications or plug-ins from a legitimate source with an up-to-date security certificate

- use fully updated versions of hosting software, as they are less likely to have bugs or vulnerabilities
- If you are hosting a live event with a video stream, ensure that you control who can share their screen
  - this will help prevent disruptions, and prevent attendees from becoming visible accidentally
- Make sure only registered participants can join the event
  - this will help prevent disruptive behaviour like "zoom bombing"
  - send event participants private links using the email addresses they provide
  - you may also add a password for the event itself, but this could be a barrier for some participants

Websites, discussions, and calls for submissions

Web-based consultation can also involve questionnaires, surveys, discussion forums, or calls for submissions. There are additional security and planning requirements to consider with these approaches:

- ensure the security and of your hosting platform, especially if you use a third-party service to create or host a website
- ensure that all website security certificates are up to date
- consider requiring participants to register before being able to read and contribute to your website
  - this may not be feasible during a public call for comments
  - registration is especially important if there are discussion forums that allow participants to comment on what others contribute
  - note that registration could be a barrier to some participants with mobility, cognitive, or communication disabilities
- if you include any images on websites used in the consultation, make sure to host those images on web space you control
  - embedded images from outside sources are not always secure or stable, and may change without warning
  - ensure that images other than logos have captions or alternative text (alt-text) describing their contents and purpose
- ensure that only known and trusted individuals have access to the hosting platform's backend or settings
  - protect this access with a unique and complex password
- if your website will include user-generated content (such as forum posts, comments, or social media streams), consider setting up a "moderation queue"

- o   this will allow you to check for inappropriate content before it appears on your site
- o   this will ensure that only safe, appropriate content is visible to participants
- o   choose at least one known and trusted individual to serve as a moderator

    - ▪   you may need additional moderators if there are many participants

- o   moderators should also encourage respectful and constructive participation
- ❖   do not allow participants to post unmoderated hyperlinks to outside websites

    - o   this will help prevent other participants from inadvertently accessing insecure content

- ❖   if possible, allow registered participants to post or contribute anonymously if they prefer

Submission and custody of information

Always keep in mind that some of the information participants share may be personal and sensitive. You must protect this information.

Here are some things we recommend you consider when receiving participants' information:

- ❖   use a single, secure email address for contributions and questions

    - o   avoid using the personal email addresses of organizers or staff
    - o   personal email addresses may not be secure

- ❖   if you are using a platform that requires user registration, store login and password information securely

    - o   never store this information in plain text
    - o   the Government of Canada's Digital Government hub includes free tips on password storage security

- ❖   ensure that any third-party service you use to host data that your participants submit is reputable and has up-to-date security certificates

Developing and sharing accessible information

No matter the form of your consultations, the information you provide to participants should be accessible. This may include agendas, summaries, surveys, questionnaires, slides, or other documents.

You can make documents more accessible by applying certain basic features in your word processor or other authoring program. This may include:

- ❖   properly formatted headings
- ❖   large, clear font sizes and styles
- ❖   alternative-text (alt-text) to describe images
- ❖   appropriate colour and contrast for text and backgrounds

Some participants may ask you to provide alternate-format versions of your documents.

The [regulations](#) require you to make your accessibility plans, progress reports, and descriptions of feedback processes available in the following formats upon request:

- print
- large print
- braille
- audio format
- an electronic format that is compatible with adaptive technology and that is intended to assist persons with disabilities

While the regulations do not require you to provide consultation materials in alternate formats, we recommend that you do so upon request, whenever possible. This can help make your consultations more inclusive and accessible. It can also give your organization a chance to practice fulfilling such requests.

Some consultees may communicate through American Sign Language (ASL), la langue des signes québécoise (LSQ), or Indigenous sign languages. The ACA recognizes these sign languages as the primary languages for communication by deaf persons in Canada. As such, consider:

- providing versions of consultation information through recordings of sign language interpreters as well as in document form
- allowing consultees to submit input through recordings of them using sign language
- ensuring that employees and other consultation organizers are familiar with the [Video Relay Service (VRS)](#)
  - the VRS allows persons using sign language to make telephone and videoconference calls through an operator who interprets their signing verbally, and vice-versa

6. Processing and following up on your consultation

Introduction

The [*Accessible Canada Act*](#) (ACA) and the [*Accessible Canada Regulations*](#) (regulations) require that your accessibility plans and progress reports include a ["Consultations" heading](#). Under that heading, you must describe how you consulted persons with disabilities in preparing that plan or report.

As you work on this, we recommend that you:

- assess the information you have received from participants
- evaluate the consultation process
- follow up with participants

This guidance provides tips, recommendations and best practices on how to:

- ❖ evaluate and process comments
- ❖ organize notes and submissions
- ❖ write public summary documents
- ❖ identify ways to improve future consultations

Evaluating and processing information

Organizing notes and submissions, and analyzing contents

Once your consultations have taken place, you will have a lot of information to process. Most of this information will come from participants, but you may also have notes from organizers or facilitators.

There are many ways to process this information. We recommend that you start by categorizing and organizing it in a folder, spreadsheet, or other document. You could sort your information by:

- ❖ the types of barriers section 5 of the ACA
- ❖ the types of disabilities
- ❖ the length and depth of the responses

Choose the best method based on the submissions you received, and on your organization's needs. Make sure to gather any notes from organizers or facilitators, since they can provide useful insights.

Remember to respect participants' privacy, in your records and in anything you publish. This might include:

- ❖ removing identifying details like names, contact information (such as phone numbers or addresses), and places (if they could identify someone)
- ❖ anonymizing participants' details to ensure confidentiality

Participants may share personal stories about their lives and experiences. Such stories can offer valuable perspectives on accessibility and disability informed by lived experience. You may need to take a different approach to how you include them in your accessibility plans and progress reports.

We recommend that you compile and categorize these stories in a data entry program like Excel. Create consistent labels for each story that reflect their content, such as:

- ❖ the types of barriers they describe
- ❖ the types of disabilities they involve
- ❖ the areas from section 5 of the ACA they involve

Collecting and organizing this data can help you write your descriptions of how you consulted persons with disabilities.

For example:

- "35 out of 40 participants described the removal of attitudinal barriers as being just as important as the removal of physical barriers"
- "85% of participants said we have made significant progress in implementing our plan"
- "participants with learning and developmental disabilities were three times more likely than others to say that our website needs significant accessibility improvements"

This data may also help you identify trends or gaps.

For example, you may learn:

- if some participants contributed more actively or with greater depth than others:
    - if some contributed more because of support you may have provided
    - if others contributed less because they encountered barriers in the process that your organization did not anticipate

- if there are any differences in the comments submitted by participants in individual consultations compared to those who participated in groups or via teleconference
- if there were any common themes in answers participants gave to your questions

Remember to thank participants for their time and contributions. We also recommend that you keep these lines of communication open even after the consultation is over. This will allow you to:

- update participants on your progress in implementing your accessibility plans
- invite participants to future events
- notify participants about any changes to your plans, progress reports, or feedback process

Creating public summaries of consultations

You must include descriptions of how you consulted persons with disabilities in your accessibility plans and progress reports. You may also choose to prepare summaries and reports for internal use, or to share with the public. These reports are sometimes called "what we heard reports" or "what we learned reports."

These summaries describe how the consultation process and outcomes, and provide an overview of the comments received. Public summaries can help demonstrate your organization's accountability to persons with disabilities. They can also help you identify the concrete actions that you will describe in your accessibility plans and progress reports.

If you share a summary with the public, we recommend that it:

- describe the consultation's goals, timeframe, and methods
- list all questions that you asked

- list all input that you received
- describe how your organization will take this input into account
- provide a high-level explanation of any input that you cannot, or will not, act on
- candidly assess the consultation process's strengths and areas for improvement
- set out the next steps your organization will take to identify, remove, and prevent barriers

This can help show that you listened to participants' input. It can help ensure that the summary is meaningful for persons with disabilities.

If you choose to publish a public summary, we recommend that it be:

- simple, clear and concise
- presented in an accessible form, and be provided in alternate formats upon request
- shared with participants in a timely manner
- published on your organization's website or digital platform, if you have one
- respectful of participants' right to privacy and any requests about anonymity or attribution

Evaluating the consultation process

We also recommend that you evaluate your consultation process. This can help you identify things that worked well or that you could improve, and document any lessons you learned.

Your evaluation criteria may depend on your consultation approach. You may try to find out some or all of the following:

- if the consultation involved as many participants as you had hoped
- if it included diverse experiences and perspectives
- if the process ended up excluding any groups of people or types of perspective:
  - if so, why this may have happened and how you could address it for future consultations
- if input was helpful, detailed, and constructive
- if input was actionable
- if the venues or platform chosen for the consultation work as intended:
  - if not, how you could change it for future consultations
- if organizers, facilitators, or employees encountered any recurring problems during the consultation

We recommend that you ask participants for their opinions about the process and their experiences. Their input can help you plan future consultations. Your feedback process description could include instructions for how participants can submit this input. Additional guidance on feedback processes will be available in 2022.

7. Annex: Understanding disabilities

From: Employment and Social Development Canada

On this page

- Introduction
- General accessibility tips
- Vision or seeing disabilities
- Hearing disabilities
- Mobility, flexibility, and dexterity disabilities
- Pain-related disabilities
- Learning disabilities
- Developmental disabilities
- Mental health-related disabilities
- Memory disabilities

Note: This annex is a part of the *Accessible Canada Regulations* guidance on consulting persons with disabilities.

Introduction

The *Accessible Canada Act* (ACA) requires that you consult persons with disabilities in preparing your accessibility plans and progress reports. Approximately 6.2 million people in Canada have a disability. Understanding different types of disabilities and the barriers that persons with disabilities encounter is essential to planning and carrying out your consultations.

The ACA defines a disability as:

> "any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional limitation – whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society."

The ACA defines a barrier as:

> "anything – including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice – that hinders the full and equal participation in society of persons

with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation."

People experience their disabilities in different ways and encounter different kinds of barriers. Everyone with a disability is unique. Even people with the same type of disability may face different barriers.

Intersecting parts of a person's identity, such as age, gender, race, and socio-economic status, can affect the way people interact with their environments and the barriers they face. As a result, what is accessible for one person may not be accessible for all. Read more about this in the annex on intersectional and cultural considerations.

People can have more than one disability. For example, a person with a mobility disability can also have learning and vison disabilities. Some accessibility factors and tips under each category of disability may overlap and apply to more than one category.

Disabilities can be permanent or temporary. They can also be episodic, which means they fluctuate over time. Some disabilities are visible, while others are invisible or hidden. Many disabilities have symptoms that range from very mild to very severe.

Disabilities can be congenital, which means people are born with them. People can also develop disabilities due to illnesses or injuries. Most people will have a disability at some point in their lives.

Society's understanding of disability has evolved over time. Historically, disability has been viewed as a medical problem that needs to be cured. The medical model of disability focuses on labelling and treating people's symptoms.

The ACA takes a different approach. It reflects a social model of disability by focusing instead on removing and preventing barriers that limit people's participation in society.

When planning and carrying out your consultations, try to focus on the barriers people may face instead of on people's medical diagnoses. If you are not sure about a person's accessibility needs, the best thing to do is ask them.

The 2017 Canadian Survey on Disability identified ten types of disabilities:

- vision (or seeing)
- hearing
- mobility
- flexibility
- dexterity
- pain-related
- learning
- developmental
- mental health-related

- memory

This annex gives an overview of these categories. It includes tips, recommendations, best practices, and links to additional resources.

Disclaimer

This annex includes links to some Government of Canada and other resources that provide useful tips and information relating to different disabilities. By providing links, Employment and Social Development Canada (ESDC) is pointing to possibly helpful information, but not endorsing it. Consult the Canada.ca terms and conditions for more about links to non-Government of Canada resources.

Remember: These categories and tips are not exhaustive. This annex is only a starting point. You should always be open to learning from people's lived experience and feedback.

General accessibility tips

This section gives an overview of general accessibility tips that are applicable to all or many persons with disabilities and their needs.

Interacting with people

- Be respectful and flexible, and adapt to people's needs
- Do not make assumptions or judgments about people's disabilities or accessibility needs
- If a person is wearing a lanyard or badge with a sunflower on it, this may indicate that they have a hidden or invisible disability
- Do not touch someone without their permission
- Do not touch or push someone's wheelchair, walker, cane, or other mobility aid without asking
- When greeting someone, ask permission before trying to shake their hand
- Offer assistance, and wait for permission before acting

  o for example, ask "how can I help?" or "can I carry your bag?" rather than "do you need help?"

- When speaking with someone in a wheelchair or other mobility aid, consider sitting down to be at their eye level

Communicating with people

- Speak slowly enough that interpreters can understand you
- Speak clearly and in a loud voice, but do not shout
- Hire interpreters to provide information in sign language

  o These sign languages most commonly include American Sign Language (ASL), la langue des signes québécoise (LSQ) and Indigenous sign languages

- The ACA recognizes these as the primary languages for communication by deaf persons in Canada
  - Make sure you book interpreters well in advance of any event (at least 4 to 8 weeks ahead of time)
    - Interpreters are in high demand, and their presence is required for some people to be able to participate in your consultations
  - Provide interpreters with information and other meeting materials in advance to help them prepare
  - You will likely have to hire at least two interpreters for each sign language
    - This allows the interpreters to take breaks and assist each other
- Look at the person to whom you are speaking
  - Address the person directly rather than their interpreter
- Do not look down, turn sideways, or turn your back to the person when you speak
- Hire a Communication Access Realtime Translation (CART) provider to produce captions
- If you are uncertain about what someone says or means, be patient and take the time to ask for clarifications

Managing events

- Ask participants how staff and presenters can be mindful of their needs
  - for example, by avoiding certain sights, sounds, or activities
  - ensure these questions are respectful; do not ask unnecessarily specific or invasive questions
  - respect participants' privacy if they disclose personal information
- Ask staff and participants not to wear and perfumes or scented lotions to assist persons with multiple chemical sensitivities
- Ask speakers to say their names so that everyone knows who is speaking
- Ask people to introduce themselves when they enter a room, or when they join a table or discussion

Training

- Ensure that organizers and staff receive proper training on interacting with and assisting persons with diverse types of disabilities
- Consider organizers and staff receive training on sighted guide technique. Learning the basic technique will be useful to assist navigating persons with seeing disabilities

Wayfinding and navigation

- Let people tell you if they need assistance getting around

- Some people prefer spoken directions, while others prefer being guided by putting their hand on someone's arm or shoulder

- Do not touch someone without their permission
- Provide directions to areas in different ways

  - For example, directions given through signs, images or maps could be repeated out loud or in a video recording

- Make sure there are no objects (tables, chairs, etc.) blocking pathways
- Make sure pathways are wide enough for people with guide or service dogs, and people who use mobility aids like walkers and wheelchairs

Support persons, attendants, or companions

- Some people may attend your events with a support worker, attendant, intervener, or companion
- Ensure that tables, seating areas, and breakout room spaces will have enough room to accommodate them
- Provide a designated and private space for medical and personal care
- Ensure washrooms are large enough to enable private provision of care by a worker or support person

  - If possible, ensure washrooms include adult-sized changing tables

- Unless they instruct you otherwise, speak directly to the participant rather than to their companion

Guide and service dogs

- Do not interact with guide or service dogs unless the handler asks you to

  - Avoid eye contact with the dogs
  - Do not talk to, pet, or feed them

- Be ready to give the handler directions to nearby toilet areas or sources of water
- Clearly designate a lawn or relief area for dogs
- Clearly designate an area with water bowls and feeding space
- Leave space at tables for dogs to sit or lie comfortably next to their handlers
- Seat people with guide or service dogs away from high-traffic areas or loud speakers

Materials, documents, and information

- Alternate formats:

  - ask participants what types of alternate formats they require
  - provide consultation materials, documents and information in alternate formats like large print, braille, and audio

- o leave yourself extra time to produce documents in alternate formats

- Screen readers and assistive devices:

  - o make sure materials can be read with screen readers and other assistive devices
  - o test materials in advance to make sure they are accessible

- Colours:

  - o use high contrasts between text and background colours (example: black text on a white background)
  - o do not rely only on colours to highlight or emphasize information (example: highlighting an important detail in red)

- Fonts:

  - o use fonts that do not have serifs, such as Arial or Calibri

    - ▪ serifs are decorative hooks, tips, and other features that are difficult to read for some people, screen readers, and assistive devises

- Images and tables:

  - o ensure all images, tables, or other visual representations of information include alternative text (alt-text) or captions explaining their content and significance
  - o ask presenters to describe images and other visual content they share on their screens or in their slides

- Submissions:

  - o be flexible, when necessary, and adjust deadlines for when participants must submit comments, surveys, or other contributions
  - o be flexible as well in allowing participants to contribute input in other formats than you have planned

    - ▪ for example: allow a participant to submit a recorded verbal response to a written survey, or a written response to a verbal discussion prompt

  - o offer help or extra time for participants to complete forms, understand instructions, or make decisions

Emergency response plans

- Include people with different types of disabilities in developing your emergency response plans
- Read the guidance module on emergency planning for in-person consultations
- [Creating an accessible emergency response plan: guidelines for federally regulated organizations](#) (Accessibility Standards Canada)

Additional resources

- Government of Canada

  - [Guide to planning inclusive meetings](#) (ESDC)
  - [Making communications accessible in the Government of Canada](#) (Treasury Board Secretariat)
  - [Accessible communication during COVID-19 and other emergencies: a guideline for persons with disabilities](#) (Accessibility Standards Canada)
  - [CART services and sign language interpreters](#) (IT Accessibility Office)
  - [Designing accessible documents and web pages](#) (Digital Accessibility Toolkit)
  - [How to create accessible documents in Office 365](#) (Digital Accessibility Toolkit)
  - [How to create accessible documents in Office 2016](#) (Digital Accessibility Toolkit)
  - [How to make accessible digital forms](#) (Digital Accessibility Toolkit)
  - [Designing accessible images](#) (IT Accessibility Office)
  - [A way with words and images: suggestions for the portrayal of people with disabilities](#) (ESDC)
  - [Best practices for interacting with persons with disabilities: a guide](#) (Canadian Transportation Agency [CTA])
  - [Traveling with a support person](#) (CTA)
  - [Traveling with service dogs](#) (CTA)
  - [Environmental sensitivities – How to determine and implement assessment accommodations](#) (Public Service Commission)

- External

  - [Guide to accessible public engagement](#) (**PDF file**; Ontario Municipal Social Services Association)
  - [Guide to conducting accessible meetings](#) (**PDF file**; Ontario Municipal Social Services Association)
  - [Guidelines for effective consultation with people with disabilities](#) (National Disability Authority; Ireland)
  - [A guide to community engagement with people with disabilities](#) (NZ)
  - [Checklist for accessible events](#) (University of British Columbia Equity and Inclusion Office)
  - [How to make your virtual meetings and events accessible to the disability community](#) (Rooted in Rights; US)
  - [What is universal design?](#) (National Disability Authority Centre for Excellence in Universal Design; Ireland)
  - [The Sunflower is for people with non-visible disabilities](#) (Hidden Disabilities Sunflower Scheme; UK)
  - [Disability considerations during the COVID-19 outbreak](#) (World Health Organization)

Vision or seeing disabilities

More than [1.5 million people in Canada have a vision or seeing disability](#).

These disabilities affect how well a person sees, or whether they see at all. Some people with vision disabilities may also have difficulty in how they see things like light, colour, distance, or texture.

Common types of seeing disabilities include:

- blindness

    o blindness covers a spectrum of visual impairments that range from partially sighted or low vision to legal or total blindness
    o many people who are blind have some degree of vision

- low vision or partially sighted

    o people with a visual impairment but who have some degree of vision
    o they may be able to read print with accommodations like magnifiers, large print, or other adaptive technology

- legal blindness

    o a person who has 20/200 vision or less, or who has a visual field (peripheral vision) of 20 degrees or less, even when wearing glasses or contact lenses
    o they may have some vision, but it may be blurry, narrow, or have blind spots
    o limits some activities like driving and can determine eligibility for disability-related government programs and benefits

- deafblindness

    o a combination of hearing and vision loss

- other vision disabilities

    o people can have difficulty adapting to changes in light
    o people can have limited vision in one or both eyes, which can affect their depth perception or focus
    o colour-blindness affects the way a person sees color or differences in color

Here are some things to consider for your accessible consultations:

- in-person consultations

    o provide directions to areas in different ways other than printed signs, images, or maps
    o check if you can install guidance beacons at the venue

        ▪ beacons are remote transmitting devices that can link to smartphones or other devices

- you can program beacons to communicate environmental details like distances, directions, or nearby features

- virtual, digital, or other types of consultations

  - use fonts that are clear and do not have serifs, such as Arial or Calibri, for web pages and electronic documents

    - screen readers and other assistive devices can properly read these fonts

  - consider providing audio versions of web pages and electronic documents
  - whenever possible, limit the use of images, tables, or other visual representations of information
  - ensure any images, tables, or other visual representations of information include alternative text (alt-text) or captions explaining their contents and significance
  - ensure there is a strong colour contrast between the text and the backgrounds of your web pages and electronic documents, such as black text on a white background
  - adjust any deadlines for digital or mail submissions from participants

    - this will allow extra time for you to produce materials for participants in other accessible formats

  - try to find ways to make virtual consultations on platforms like Zoom or Microsoft Teams more accessible and welcoming to persons with seeing disabilities

    - presenters could provide brief descriptions of what appears on the screen in addition to speaking about the content

Additional resources

- Government of Canada

  - [Designing documents and web pages for users with low vision](#) (**PDF**) (Shared Services Canada)
  - [Designing documents and web pages for users of screen readers](#) (**PDF**) (Shared Services Canada)
  - [Federal Identity Program Manual: Tactile Signage](#) (Treasury Board Secretariat)
  - [Bank note resources for the blind and partially sighted](#) (Bank of Canada)

- External

  - [What is blindness?](#) (The Canadian National Institute for the Blind Foundation [CNIB])
  - [Common eye conditions](#) (CNIB)
  - [Clearing our path: creating accessible environments for people with vision disabilities](#) (CNIB)
  - [Learn about braille](#) (Braille Literacy Canada)
  - [Accessible product and website design tips](#) (Royal National Institute of Blind People; UK)
  - [The DAISY Consortium](#)

- the Digital Access Information System is a common format for audio books and documents

Hearing disabilities

More than [1.3 million people in Canada have a hearing disability](#).

These disabilities affect how well a person hears, or whether they hear at all. Some people with hearing disabilities have difficulty hearing when there is background noise or multiple sources of sound or speech.

Common types of hearing disabilities include:

- deafness

  - deaf people typically cannot hear or have very limited hearing
  - capitalizing the letter "D" in Deaf recognizes that Deaf communities have their own cultures, languages, histories, and values

    - many persons who are Deaf use sign language as their first language
    - in Canada, the most common sign languages are American Sign Language (ASL) and la langue des signes québécoise (LSQ)
    - some Indigenous People use Plains Sign Language (PSL), Inuit Sign Language (IUR), or other Indigenous sign languages

- deafened

  - people who are deafened experience hearing loss after having been able to hear and speak

- hard of hearing

  - people who are hard of hearing have hearing loss that can range from mild to severe

- oral deaf

  - people who are deaf and whose method of communication is a mix of verbal, auditory, and lip-reading

Some things to consider as you plan your accessible consultations:

- in-person consultations

  - hire interpreters to provide information in ASL, LSQ, or other sign languages that participants use to communicate

    - review the general tips section on interpreters for more information

  - provide closed captioning for videos and slide shows

- o provide important information through multiple means, not only through spoken word
- o ensure that your venue has appropriately bright lighting for people who rely on lip-reading or sign language
- o consider offering participants assistive listening devices
  - ▪ this could include personal microphones that amplify sound or devices that use FM radio frequencies to broadcast directly to listeners
  - ▪ many of these devices can work with participants' hearing aids, cochlear implants, or headsets
- o if your event includes small-group discussions or breakout sessions, remember that interpreters may have to be present at each session or discussion
- o eliminate distractions, such as:
  - ▪ background noise like music or equipment sounds
    - ➤ this may be a barrier to participants who have difficulty hearing or concentrating
  - ▪ animated displays, flashing or dimming lights, or bright windows behind speakers
    - ➤ these may be barriers to participants who need to focus on interpreters, captions, or speakers' lips

- • virtual, digital, or other types of consultations

  - o hire interpreters to provide information in ASL, LSQ or other sign languages that participants use to communicate
    - ▪ conduct a test session with your video-conference platform in advance
      - ➤ this will help ensure that interpreters can log in correctly and organizers can pin or highlight interpreters' video windows for participants
  - o provide closed captioning for videos and slide shows
  - o cameras should be on, and should focus on the presenter's face to allow people to read lips
  - o evaluate the potential limits of your video-conference platform's accessibility
    - ▪ some software may not allow you to share documents on screen while you "pin" an interpreter's screen
    - ▪ consider sending accessible files to participants in advance and asking them to view the documents on their own monitors rather than a shared screen
    - ▪ some video-conference software may provide real-time captions by default, but these captions may not always be accurate or accurate in all languages
    - ▪ ensure that you hire CART (Communication Access Real-time Translation) services to provide captions

- during or after the presentation, ask an organizer to read aloud any questions and comments sent through the virtual platform's chat feature

  - interpreters will then be able to sign them, allowing everyone to focus on the questions and comments at the same time

Additional resources

- Government of Canada

  - [CART services and sign language interpreters](#) (IT Accessibility Office)
  - [Designing documents and web pages for users who are deaf or hard of hearing](#) (**PDF**) (Shared Services Canada)
  - [Learning about ASL, LSQ, and Indigenous sign languages](#) (Translation Bureau)
  - [Video Relay Service (VRS)](#) (Canadian Radio-television and Telecommunications Commission [CRTC])

- External

  - [Hearing disability terminology](#) (Canadian Association of the Deaf)
  - [Virtual meeting platform accessibility guide](#) (Canadian Hard of Hearing Association)
  - [Western Canadian Centre for Deaf Studies resources and toolkits](#) (University of Alberta)
  - [What is deaf culture?](#) (Canadian Cultural Society of the Deaf)

Mobility, flexibility, and dexterity disabilities

Although people with mobility, flexibility, and dexterity disabilities may face different barriers, they can benefit from many of the same accessibility features. For example, ensuring that your meeting space has an automatic door can benefit people who:

- use wheelchairs, walkers, or other mobility aids
- do not have a full range of arm motion
- cannot grip or turn a door handle
- are accompanied by a guide or service dog

The recommendations below reflect this overlap. Remember to always ask each person about their needs and preferences.

Nearly [2.7 million people in Canada have a mobility disability](#). This type of disability affects people's ability to move around, including walking or using stairs. Some people with mobility disabilities cannot walk at all, while others can only walk certain distances. Some people need to use aids like canes, crutches, wheelchairs, or scooters.

About [2.8 million people in Canada have a flexibility disability](#). This type of disability can affect people's ability to bend over and pick things up, or reach out or upwards. Some flexibility disabilities can also affect how long a person can stand for.

Nearly [1.3 million people in Canada have a dexterity disability](). This type of disability can affect people's ability to use their fingers, wrists, or other extremities, and the way they use objects like pens and keyboards. Dexterity disabilities can also affect people's ability to turn doorknobs, push buttons, and operate devices. They can also affect people's sensitivity to temperatures and textures.

Remember that many mobility, flexibility, or dexterity disabilities are invisible or hidden. Some people may use assistive devices or mobility aids that are not immediately visible, such as back or leg braces. Other people may not use assistive devices or mobility aids at all. In some cases, functional limitations to movement will depend on how long someone must stand or how far they must walk.

Some common types of mobility, flexibility, and dexterity disabilities include:

- amputations and limb differences (arms, legs, fingers, toes)

  - people can be born without limbs or with differently formed limbs, or they can have limbs surgically removed
  - many people use prosthetics (artificial limbs) and devices to help them with daily activities

- cerebral palsy

  - affects a person's ability to move and maintain their balance and posture
  - can cause stiff (spastic) muscles, uncontrollable movements, and poor balance and coordination
  - symptoms can range from mild to severe

- multiple sclerosis (MS)

  - affects a person's central nervous system (brain and spinal cord)
  - often causes muscle weakness and difficulty with balance and coordination

- Parkinson's disease

  - can affect a person's ability to walk and talk, as well as their balance and coordination
  - people with Parkinson's may experience shaking, stiffness, and rigid muscles

- spinal cord injuries

  - can affect a person's ability to move, as well as their strength and sensation

When planning your accessible consultations, you should consider the following:

- in-person consultations

  - assessing the venue's accessibility to determine whether or not:

- it is accessible by public transport, including paratransit, and transit stops are near the event entrance
- there are accessible, reserved parking spaces for persons with disabilities near the event entrance
- there are curb cuts on sidewalks leading to the event entrance and ramps leading to external doors
- there are elevators with interior handrails and seating available in waiting areas by their doors
- external and internal doors are motion-activated or have electronic push-plates
- non-automatic doors have lever doorknobs that people press

  - round doorknobs can be difficult for some people to turn

- external and internal doors are at least one metre wide

  - this accommodates people who use mobility aids such as wheelchairs and walkers, and people with different gaits

- hallways are wide and clear of obstacles, with corner mirrors to help prevent collisions
- restrooms have accessible entrances and features, including:

  - motion-activated sinks and soap dispensers
  - bathroom stalls that can accommodate wheelchairs
  - handrails in accessible stalls

o arranging tables and meeting spaces

- leave enough space between tables, including wide pathways for people who use mobility aids or who have different gaits
- participants with mobility aids should be able to join without having to move chairs or feel crowded
- offer participants the option to stand or sit
- ensure there are extra seats for participants' attendants, companions, or personal support workers
- provide seating options or rest areas along pathways or on stair landings, if feasible

o avoid in-person tasks that some people may find difficult or impossible, such as tasks that require:

- moving around the room
- standing and sitting repeatedly
- walking or standing for more than a few minutes at a time
- raising or lowering hands
- other bodily motions

o take people's needs into account when scheduling events

- take regular 15-30-minute breaks
- take lunch breaks of up to 90 minutes to allow more time to eat, rest, or use the restroom
- avoid scheduling events early in the morning or in the evening
- consider serving meals or snacks at tables, as buffets can create barriers
- avoid scheduling events in locations that are far apart, or that will require participants to walk or take stairs without rest areas nearby

- virtual, digital, or other types of consultations

  - provide extra time for people to prepare and submit materials
  - ensure that web platforms allow participants to extend or cancel "time out" features (for example, webpages that log out after a period of inactivity)
  - give participants the option to speak rather than using the "raise hand" feature or typing in the chat box in video-conference platforms

Additional resources

- Government of Canada

  - Designing documents and web pages for users with physical or motor disabilities (**PDF**) (Shared Services Canada)
  - Multiple Sclerosis (Public Health Agency of Canada [PHAC])
  - Parkinsonism in Canada, including Parkinson's disease (PHAC)

- External

  - What is cerebral palsy? (Cerebral Palsy Canada Network)
  - Living with amputation (The War Amputations of Canada [War Amps])
  - About multiple sclerosis (MS Society of Canada)
  - Understanding Parkinson's (Parkinson Canada)
  - About spinal cord injury (Spinal Cord Injury Canada)
  - Hidden mobility disability challenges (Hidden Mobility Disabilities Alliance, Canada)

Pain-related disabilities

More than 4 million people in Canada have a pain-related disability. This represents nearly two-thirds of people with disabilities in Canada.

Some people experience pain all the time. Other people's pain is episodic, which means it fluctuates over time, sometimes unpredictably. Pain can disrupt people's daily activities. Some people manage their pain with medication or therapy, but this does not always make their pain disappear. Not all types of pain are treatable.

Many pain-related disabilities are invisible or hidden. Common types of pain-related disabilities include:

- arthritis

    o swelling of a person's joints that causes pain and stiffness, and affects their ability to move
    o often affects people's hips, knees, spines or fingers, but can affect almost any part of the body
    o symptoms can range from mild to severe

- dorsopathy (back pain)

    o diseases that affect the spine
    o can cause back and neck pain, and difficulty moving, standing, or resting comfortably

- sickle cell disease

    o a hereditary blood disorder that can impair blood flow, causing strokes, lung disease, and organ damage
    o symptoms include anemia, fatigue, pain, swelling, infections and vision problems

- traumatic injuries

    o sudden and severe injuries, including brain injuries and spinal cord injuries, occurring during incidents such as car accidents or falls
    o can cause long-lasting or permanent physical and psychological pain, as well as other impairments

- migraines

    o strong or intense headaches that often include nausea, vomiting and sensitivity to light

Here are some things to consider for your accessible consultations:

- in-person consultations

    o provide comfortable seating, and allow participants to sit or stand if they need to
    o schedule regular breaks of at least 15-30 minutes
    o adjust light and seating arrangements as necessary
    o limit loud noises
    o limit or prohibit smells such as perfumes or scented lotions
    o ask permission before shaking people's hands, as this could cause pain
    o some participants may need to treat or deal with their pain during events

        ▪ ask participants if they need any accessibility measures when they register for events
        ▪ tell participants they can take breaks or skip certain activities if they need to
        ▪ offer other ways for people to participate and allow people to submit comments or other materials later on, if necessary
        ▪ ensure staff can offer respectful and empathetic assistance

- consider setting aside a quiet, private room so that participants can:
    - take medication
    - stretch or do other therapeutic movements
    - sit quietly
    - have a break from sounds, lights, and movement

- virtual, digital, or other types of consultations

    - provide extra time for people to prepare and submit materials
    - ensure that web platforms allow participants to extend or cancel "time out" features (for example, webpages that log out after a period of inactivity)
    - offer participants the option of speaking rather than using the "raise hand" feature or typing in the chat box when using video-conference platforms

Additional tips:

- do not make assumptions or pass judgment about the nature or severity of someone's pain, or about how they treat or cope with their pain

    - even severe pain or discomfort may not be visible or obvious
    - trust what participants tell you about how they are feeling

Additional resources

- Government of Canada

    - Arthritis (PHAC)
    - Stroke (PHAC)
    - Prevalence of migraine in the Canadian household population (Statistics Canada)
    - Chronic pain (PHAC)

- External

    - ABC of sickle cell disease (Sickle Cell Awareness Group of Ontario)
    - What is an acquired brain injury? (Brain Injury Canada)
    - Disability and migraine (Migraine Canada)
    - Managing chronic pain (Arthritis Society, Canada)

Learning disabilities

About 1.1 million people in Canada have a learning disability. Some learning disabilities make it difficult for people to learn, read, or process information. Some also involve difficulty with writing, organization and time management. Most learning disabilities are invisible or hidden.

Common types of learning disabilities include:

- attention deficit / hyperactivity disorder (ADHD)

- o affects a person's concentration and behaviour
- o different types of ADHD can cause difficulty with:

  - staying focused and paying attention
  - controlling impulses
  - sitting or standing still
  - staying organized or sticking to schedules

- o common varieties of ADHD include:

  - inattentive type

    - ➢ note: while the name is less common now, some participants may refer to inattentive type ADHD as attention deficit disorder, or ADD

  - hyperactive / impulsive type
  - combined type

- dyscalculia

  - o affects a person's ability to understand numbers and do math calculations

- dyslexia

  - o affects a person's ability to read written language accurately and fluently
  - o may cause difficulty with spelling, word order, and comprehension

- executive function disorders

  - o can affect how a person plans, solves problems, or adapts their thinking
  - o can sometimes overlap with anxiety, depression, or other conditions related to memory or mental health

Here are some things to consider for your accessible consultations:

- in-person consultations

  - o reduce auditory distractions like background noise, music, or equipment sounds
  - o reduce visual distractions like animated displays, flashing or dimming lights, or bright windows behind speakers
  - o provide information in simple, clear, and concise language
  - o provide information in alternate formats like large print, high colour contrast, or audio
  - o allow participants to submit materials in different formats, such as:

    - providing comments verbally, in writing, or through a scribe or stenographer
    - typing answers to surveys, questionnaires, or other documents

  - o provide a quiet and darker space for people to use if they need it
  - o schedule regular breaks of at least 15-30 minutes throughout the event

- o reduce communication barriers by ensuring that organizers, staff, and presenters:
    - speak at a steady pace
    - speak in clear, short sentences
    - avoid using jargon or acronyms

- virtual, digital, or other types of consultations

  - o organize web page content in a predictable and consistent way
  - o avoid using acronyms
  - o consider ways to make video conferences more welcoming to participants with learning disabilities

    - allow participants to keep their cameras off, if they prefer
    - do not draw attention to participants' behaviour, or mistake certain actions as signs of disrespect, such as when participants:

      - ➢ look away
      - ➢ do things with their hands
      - ➢ perform other tasks during the event

  - o participants' comments, forum posts, or other written content may not always use proper grammar, spelling, or formatting
  - o if web pages include lists or tables of numbers or data, include written or other alternate descriptions of their meaning

Additional tips:

- remember that learning disabilities do not necessarily affect people's cognition or intelligence
- persons with learning disabilities may need to do things that could be misunderstood as signs of disrespect or disinterest, such as:

  - o looking away from the speaker
  - o moving, fidgeting, or occupying their hands
  - o moving around the room rather than staying in their seat
  - o speaking, moving, or leaving abruptly
  - o arriving late for events or not bringing the necessary materials

Additional resources

- Government of Canada

  - o [Attention Deficit Hyperactivity Disorder – How to determine and implement assessment accommodations](#) (Public Service Commission)
  - o [Learning disabilities – How to determine and implement assessment accommodations](#) (Public Service Commission)

- External

  - [ADHD symptoms, impairments and accommodations in a work environment](#) (**PDF file**; Centre for ADHD Awareness, Canada)
  - [Dyslexia basics](#) (Dyslexia Canada)
  - [What is dyscalculia?](#) (The Dyslexia Association; UK)
  - [Learning disabilities basics](#) (Learning Disabilities Association of Canada)

Developmental disabilities

More than [315,000 people in Canada have a developmental disability](#). People with developmental disabilities may have difficulty communicating or understanding written or spoken language. Some people may have difficulties with learning, reasoning, decision-making, or problem-solving. Developmental disabilities sometimes overlap with learning disabilities. Some developmental disabilities are invisible or hidden.

Common types of developmental disabilities include:

- autism spectrum disorder (ASD)

  - can affect how a person interacts with others, communicates, behaves, and learns
  - covers a wide range of symptoms, skills, and levels of disability, including difficulties with things like processing sensory input (sounds, smells, touch, etc.), processing emotions, adapting to change, and making eye contact

- Down syndrome

  - can cause cognitive impairment (intellectual disability) and delays or differences in speech and motor skills
  - can also cause health issues such as heart and gastrointestinal disorders

- fetal alcohol spectrum disorders (FASD)

  - can cause cognitive impairment (intellectual disability) and difficulties with learning, memory, behaviour, reasoning, and judgment
  - can also cause physical issues such as joint pain and delays or differences in growth

- epilepsy

  - can cause sudden, recurrent episodes of sensory disturbance, loss of consciousness or convulsions (also known as seizures)
  - not all persons with epilepsy experience the same symptoms, including the types of seizures they may have

Here are some things to consider for your accessible consultations:

- in-person consultations

- reduce auditory distractions like background noise, music, or equipment sounds
- reduce visual distractions like animated displays, flashing or dimming lights, or bright windows behind speakers
- some people with developmental disabilities may attend your event with a support person, assistant, intervener, or companion

  - ensure that rooms (including breakout rooms), tables, and seating areas have enough space to accommodate them
  - speak directly to participants rather than to their support persons, unless a participant requests otherwise

- reduce communication barriers by ensuring that organizers, staff, and presenters:

  - speak at a steady pace
  - use clear, short sentences
  - avoid using words or phrases that have multiple meanings
  - avoid using sarcasm, irony, or figures of speech
  - avoid using jargon or acronyms

- hire a Communication Access Realtime Translation (CART) provider to produce captions
- schedule frequent breaks

- virtual, digital, or other types of consultations

  - if participants must register to use digital platforms, ask if they also need access for their assistants or companions
  - if participants request it, allow their assistants or companions to submit materials on their behalf
  - ensure that moderators and event supervisors keep track of and properly identify participants' assistants and companions

Additional resources

- Government of Canada

  - [Autism Spectrum Disorder (ASD) therapies and supports](#) (PHAC)
  - [Fetal alcohol spectrum disorder](#) (PHAC)
  - [Designing documents and web pages for users with cognitive disabilities](#) (**PDF**) (Shared Services Canada)
  - [Designing documents and web pages for users on the autism spectrum](#) (**PDF**) (Shared Services Canada)
  - [Epilepsy in Canada](#) (PHAC)
  - [Developmental disabilities in Canada](#) (PHAC)

- External

  - [About Down Syndrome](#) (Canadian Down Syndrome Society)

- o [Fetal Alcohol Spectrum Disorders](#) (Centre for Addiction and Mental Health, Canada)
- o [WHO information kit on epilepsy](#) (World Health Organization)

Mental health-related disabilities

More than [2 million people in Canada have a mental health-related disability](#). These disabilities are sometimes called psychosocial disabilities.

People with mental health disabilities may experience and manage emotions, thoughts, and sensations in different ways. Many mental health disabilities are invisible or hidden. They can affect a person's mood, energy levels, thinking, and physical health.

Common types of mental health-related disabilities include:

- anxiety disorders

  - o examples include panic disorder (panic attacks), generalized anxiety disorder, and obsessive-compulsive disorder (OCD)
  - o can be chronic or episodic, and can cause physical distress, including difficulty breathing or processing sensory information
  - o certain sights, sounds, or experiences may trigger anxiety episodes or attacks

- bipolar disorder

  - o causes intense mood swings that include emotional highs (mania) and lows (depression)
  - o during manic episodes, people may experience racing thoughts, increased energy, and decreased desire for sleep

- depression

  - o common symptoms include intense sadness, feelings of hopelessness or worthlessness, loss of interest or pleasure in activities, sleep disturbances or fatigue, and difficulty concentrating

- post-traumatic stress disorder (PTSD)

  - o can occur after a person experiences or witnesses a traumatic event
  - o can cause nightmares, distressing thoughts, or flashbacks, and cause people to avoid certain places or things
  - o certain sights, sounds, or experiences may trigger anxiety attacks

- schizophrenia

  - o can cause a person to experience and interpret reality differently
  - o can cause psychotic symptoms such as:

    - ▪ hallucinations (hearing voices or seeing things that are not there)
    - ▪ delusions (strong beliefs that are not supported by facts, such as paranoia)

- ▪ disorganized or unusual thinking, behaviour or speech

Here are some things to consider for your accessible consultations:

- in-person consultations

  - o privately ask participants how staff and presenters can be mindful of their needs
  - o avoid sudden noises, changes in lighting, or other things that could trigger anxiety
  - o reduce auditory distractions like background noise, music, or equipment sounds
  - o reduce visual distractions like animated displays, flashing or dimming lights, or bright windows behind speakers
  - o consider setting aside a quiet, private room so that participants can:

    - ▪ take medication
    - ▪ stretch or move around
    - ▪ sit quietly
    - ▪ have a break from sound, light, and movement

  - o avoid scheduling in-person events early in the morning or late in the evening

    - ▪ people may experience difficulties with sleep, energy, or mood

- virtual, digital, or other types of consultations

  - o take the same accessibility factors into account as you would for participants who have learning or developmental disabilities
  - o organize web page content in a predictable and consistent way
  - o consider ways to make video conferences more welcoming to participants with mental health-related disabilities

    - ▪ allow participants to keep their cameras off, if they prefer
    - ▪ remember not to draw attention to participants' behaviour, or to mistake certain actions for signs of disrespect; this might include when participants:

      - ➢ choose to look away
      - ➢ keep their hands occupied
      - ➢ perform other tasks while the event is in session

Additional resources

- Government of Canada

  - o [Mood and anxiety disorders in Canada](#) (PHAC)
  - o [Anxiety disorders](#) (PHAC)
  - o [Mental illness](#) (PHAC)
  - o [Depression](#) (PHAC)
  - o [Bipolar disorder](#) (PHAC)
  - o [Schizophrenia](#) (PHAC)

- External

  - o [Mental health first aid](#) (Mental Health Commission of Canada)
  - o [Depression](#) (Centre for Addiction and Mental Health, Canada)
  - o [Bipolar disorder](#) (Centre for Addiction and Mental Health, Canada)
  - o [Post-traumatic stress disorder (PTSD)](#) (Canadian Mental Health Association)
  - o [Schizophrenia](#) (Centre for Addiction and Mental Health, Canada)
  - o [Trauma](#) (Centre for Addiction and Mental Health, Canada)
  - o [Lesbian, gay, bisexual, trans and queer identified people and mental health](#) (Canadian Mental Health Association)

Memory disabilities

More than [1 million persons in Canada had a memory disabilities](#). People with memory disabilities may have difficulty processing or holding on to information. They may also have difficulty with recognizing faces, emotional responses, and bodily movements.

Common types of memory disabilities include:

- dementia

  - o can affect a person's memory, thinking, reasoning, behaviour, and personality
  - o can cause difficulty controlling emotions, navigating environments, speaking, and recognizing faces
  - o there are many types of dementia, including Alzheimer's disease

- encephalopathy

  - o diseases or injuries that affect a person's brain and mental state
  - o can be caused by many things, such as infections, brain tumors, or environmental factors
  - o can cause difficulties with cognition, memory, and concentration

- strokes

  - o a lack of blood flowing to the brain that damages a person's brain cells
  - o can have various long-term effects, such as paralysis
  - o rapid treatment can limit the amount of brain damage
  - o signs of a stroke include: drooping or numbness on one side of a person's face, weakness or numbness in one arm, and slurred speech

Here are some things to consider for your accessible consultations:

- in-person consultations

  - o take the same accessibility factors into account as you would for participants with mobility, flexibility, or dexterity disabilities

- o ensure that staff and organizers repeat their names and roles whenever they address participants
- o ask participants to wear name tags, if they consent to it
- o present small bits of information at a time, when possible
- o reduce auditory distractions like background noise, music, or equipment sounds
- o reduce visual distractions like animated displays, flashing or dimming lights, or bright windows behind speakers
- o some people may attend your event with an assistant, intervener, or other companion

  - ▪ ensure that tables, seating areas, and breakout room spaces will have enough room to accommodate companions
  - ▪ unless they instruct you otherwise, speak directly to the participant rather than to their companion

- o reduce communication barriers by ensuring that organizers, staff, and presenters:

  - ▪ speak at a steady pace
  - ▪ speak in clear, short sentences
  - ▪ avoid using words or phrases that involve multiple meanings
  - ▪ avoid using sarcasm, irony, or figures of speech
  - ▪ avoid using jargon or acronyms

- virtual, digital, or other types of consultations

  - o take the same accessibility factors into account as you would for participants who have learning or developmental disabilities
  - o organize web page content in a predictable and consistent way
  - o avoid using acronyms without defining each word
  - o present small bits of information at a time, when possible
  - o participants' comments, forum posts, or other written content may not always use proper grammar, spelling, or formatting
  - o if web pages include lists or tables of numbers or data, include written or other alternate descriptions of their meaning

Additional tip:

- when greeting someone you have met before, remind them of your previous meeting

  - o for example: "Hello again, [their name]. My name is [your name]. We met yesterday at [location]"

Additional resources

- Government of Canada

  - o [Dementia in Canada, including Alzheimer's disease](#) (PHAC)
  - o [Dementia](#) (PHAC)

- o [Stroke](#) (PHAC)

- External

  - o [Meaningful engagement of people living with dementia](#) (Alzheimer Society of Canada)
  - o [Dementia-friendly Canada resources](#) (Alzheimer Society of Canada)
    [Towards a dementia inclusive society](#) (World Health Organization

8. Annex: Intersectional and cultural considerations

Introduction

Everyone is different – for each of us, multiple and diverse factors define our identity.

These identity factors can include sex, gender, race, ethnicity, religion, age, disability, geography, culture, income, sexual orientation and education, among others.

These factors affect how we understand and experience the world. Some factors can be intersectional, combining to affect our understanding and experience in new ways. Some factors, both historically and in the present, have also been targets of discrimination.

Below are some things to consider as you plan your consultations. These lists are not exhaustive; some examples may apply to some persons with disabilities and not to others. Take them as a starting point for thinking about how different cultural and identity factors can intersect with disability and contribute to barriers.

Language

Because everyone is different, remember that different people may also prefer that you use different words or terms to address or describe them. Language and usage are also constantly evolving, and different words may become more or less accepted over time.

These guidance materials use terminology consistent with other Government of Canada publications. Nevertheless, it is always best to follow the lead set by the people you meet and consult. If they prefer a certain vocabulary, you may wish to use those words as well.

[Read the annex on inclusive language relating to accessibility and disability](#). Remember also to use respectful, culturally sensitive, and culturally safe wording when referring to different persons, groups, and communities. For example:

- persons with disabilities or differing abilities
- Indigenous Peoples or Persons, including First Nations, Inuit, and Métis
- refugees, newcomers, or migrants
- equity-seeking groups
- priority populations
- LGBTQ2+ or 2SLGBTQ+
- racialized persons, people, or communities
- members of official language minority communities

Intersecting factors

Here are a few examples of how identity-based discrimination can affect the barriers persons with disabilities face:

* [an Indigenous Person with a disability](#) may face different or greater barriers than someone with the same disability who is not Indigenous

  * disability-related barriers may be compounded by discrimination based on other factors
  * depending on where they live, Indigenous Persons with disabilities can experience additional challenges accessing needed services due to jurisdictional issues

    * these issues may include a lack of disability-related services on reserve or being blocked from accessing services off reserve

* [persons with disabilities may also experience age discrimination](#)

  * someone with a disability for all or most of their life can experience greater poverty and social discrimination as they age
  * passengers on public transit may not recognize or accept that a young person with a hidden disability may need priority seating

    * persons with hidden or non-visible disabilities may face the same barriers with parking spots, restrooms, waiting areas, or their use of available supports and services

* [persons with disabilities who are also members of equity-seeking groups](#) are more likely to be unemployed or under-employed

  * similarly, persons with disabilities who are members of equity-seeking groups or of official language minority communities may encounter racism and discrimination when accessing services

* [women with disabilities](#) can experience additional barriers

  * they may be less likely than a man with a disability to be hired for the same job
  * women with disabilities who are racialized or members of equity-seeking groups have reported that they are sometimes taken less seriously when accessing medical care
  * accessible cribs, accessible and affordable childcare, and other services for parents with disabilities are also often lacking

* [LGBTQ2+ persons with disabilities](#) experience many barriers and forms of discrimination

  * an LGBTQ2+ person is more likely to experience discrimination in the workplace if they have a disability
  * a transgender or non-binary person with disabilities may experience barriers when [seeking an accessible washroom](#) that is gender-neutral

Additional resources

❖ Women and Gender Equality Canada (WAGE)'s Gender-based analysis plus course can help you start thinking about how some of these factors intersect
❖ WAGE also provides a helpful glossary of common LGBTQ2+ terminology
❖ The Canada School of Public Service (CSPS) offers courses on delivering inclusive client service (registration required)
❖ The CSPS also offers a free guide on unconscious bias in facilitating meetings and events
❖ Building a foundation for change: Canada's anti-racism strategy 2019-2022 provides additional information and links to resources

Identity factors in planning consultations

You should keep in mind how different identity factors matter for persons with disabilities as you plan your consultations. These factors could affect how invitees participate in your consultations, for example, or create barriers to accessibility for some participants.

Here are some things to consider when planning your consultations:

❖ identify any negative attitudes, myths or stereotypes that may arise during your consultations

  o make plans to prevent them, if possible, by setting out ground rules for communication and confidentiality at the start of the consultation process
  o make plans to address them if they occur

    ▪ ensure facilitators of in-person events encourage respectful dialogue and are able to resolve conflicts in a constructive manner
    ▪ ensure moderators of virtual or digital consultations encourage respectful dialogue and are familiar with the software tools available in a given platform to prevent or remove disruptions

❖ consider which beliefs, attitudes and norms might limit the range of accessibility options you take into account in planning your consultation

  o these beliefs, attitudes and norms might be

    ▪ your own
    ▪ those of your organization
    ▪ those of the institutions and society around you
    ▪ generational or cultural

❖ when preparing your consultations, consider whether the approach you are proposing may create barriers for some participants and not for others; for example:

  o a consultation with only in-person elements may not be accessible to persons with mobility disabilities or who live in rural or remote communities

- a consultation relying primarily on telephone surveys or interviews may not be accessible to persons with hearing disabilities

- seek out participation from persons with disabilities from different communities and demographics

  - your consultations will benefit from diverse perspectives, including those of Indigenous Persons, older adults, women, Black Canadians, people from other racialized communities, newcomers to Canada, LGBTQ2+ persons, residents of rural or remote communities, members of official language minority communities, and many other persons with disabilities

- consider that some persons with disabilities may understand their disability as a factor in their cultural or personal identity in ways that may require additional considerations; for example:

  - some people who are Deaf may have a sign language as their first language; in Canada, the most commonly used sign languages are

    - American Sign Language (ASL)
    - Langue des signes québécoise (LSQ)
    - Indigenous Sign Languages like Plains Sign Language (PSL) or Inuit Sign Language (IUR)
    - to learn more about these sign languages, consult the Language Portal of Canada's list of ASL, LSQ and Indigenous Sign Language resources

  - some people who are blind or who have low vision may use documents written in braille, and some may not
  - some people who use wheelchairs, prosthetics, or other mobility or dexterity aids may view these aids as extensions of their living body, while others may view them as tools or objects

Cultural factors in planning consultations

Here are some other cultural factors to consider when planning your consultation:

- begin each event, whether in-person or virtual, by acknowledging that you are on the traditional territory of an Indigenous Nation or Nations

  - for more information on territorial acknowledgements, please read the Canada School of Public Service (CSPS) "Learning Insights" on Territorial Acknowledgments
  - for guidance on identifying the traditional territories of Indigenous communities, please consult the Aboriginal and Treaty Rights Information System (ATRIS)

- recall and acknowledge the diversity of Indigenous Peoples (including First Nations, Inuit, and Métis), as well as the diversity found within each group

- ❖ consider that different cultures and communities may have different attitudes towards, and understandings of, disability
- ❖ consider participants' religious or philosophical identities; for example:
  - o plan consultation events and deadlines to avoid coinciding with holidays or days of rest, fasting, or other obligations
  - o be open to comments from participants about how their religious or philosophical identities may contribute to the barriers they face
- ❖ allow participants to specify religious or cultural dietary requirements as well as those that relate to allergies or other medical factors

9. Annex: Inclusive language considerations

Introduction

Every step of your consultation process should respect and uphold the dignity of persons with disabilities. It is especially important when it comes to the language you use.

As a rule, always use language that is gender-neutral and culturally sensitive. There are also language considerations to keep in mind when you talk about disability and accessibility.

Be aware that the words you use can be very powerful: they can both help and hurt. Some words can make people feel welcome, included, and respected. Other words can make people feel angry, ignored, or hurt.

Below are some things to avoid when you choose your words. Keep in mind that language evolves over time. New terms and descriptions may come into use, and existing terms and descriptions may fall out of favour. While this is not an exhaustive list, it should serve as a reminder that language is important.

Ableism

Ableism is a view or attitude that treats people without disabilities as "normal" and those with disabilities as "abnormal," "inferior," or "other." Ableism can be both intentional and unintentional.

Intentional ableism might involve things like:

- bullying and ridicule (such as the use of slurs or insults)
- using a person's disability to take advantage or cause harm (such as by putting items in inaccessible places)
- treating a person with a disability as if they are incapable or unintelligent

Unintentional ableism can be just as harmful. It might involve things like:

- creating documents or other materials that look nice but are inaccessible to persons with seeing disabilities
- planning events where some persons with disabilities cannot participate comfortably or safely
- using words or phrases without thinking about how they can affect persons with disabilities

When you consult persons with disabilities, consider how both intentional and unintentional ableism may be involved in your ideas, plans, and actions. Keep this in mind throughout all of your efforts to identify, remove, and prevent barriers.

Negative terms related to the characteristics of disability

Ableism is not always intentional, but it can still be harmful. Many common words and phrases may be offensive to persons with disabilities. They may also be misleading or confusing.

Here are some examples of ableist, negative words and possible alternatives:

* "their response was crippled by…"
  o alternatives: slowed, delayed, disrupted
* "we were blind to that…"
  o alternatives: not aware of, surprised by, did not account for
* "that was tone-deaf…"
  o alternatives: thoughtless, careless, ignorant
* "that's crazy…"
  o alternatives: different, unexpected, unique
* "that's so lame…"
  o alternatives: boring, uninteresting, unpopular

Negative terms related to the experience of disability

You can also find ableism in the words used to explain how people experience disability. For example, a phrase like "falling on deaf ears" could be offensive to persons with hearing disabilities even if you intend no harm. Negative language is very common.

Consider these examples of ableist, negative language and alternatives:

* "they suffered from blindness…"
  o alternative: "they have a visual disability"
* "he was afflicted with deafness…"
  o alternative: "he is a Deaf person"
* "she was confined to a wheelchair / was wheelchair-bound…"
  o alternative: "she is a wheelchair user / uses a wheelchair"

Stereotypical themes of disability

Ableism can also affect the kind of stories people tell or expect to be told about the lives of persons with disabilities. These stories can have themes based on assumptions about

disability. They often treat persons with disabilities as "characters" rather than people. Even in real life, the stories we encounter can affect how we think of people and how we treat them.

For example, some stories show persons with disabilities as victims or patients. Persons without disabilities in these stories are often shown as saviours or caretakers.

Other stories show persons with disabilities as heroes or inspirations, even for doing "ordinary" things that some persons without disabilities may assume they could not. They may show persons without disabilities benefiting from the brave or determined example set by the person with a disability.

While some persons with disabilities may see themselves in similar roles, this is not true for all. Persons with disabilities see the same variety of themes and stories in their lives as everyone else. They own their own stories. It is important to be respectful when a person with a disability chooses to share that story with you.

Keep these ideas in mind too as you choose illustrations, graphics, or other images to include in your consultation materials or other publications. Images that include persons with disabilities should show them participating equally in events and activities. Make sure images that include persons who use assistive devices are modern and up-to-date, as these devices change significantly over time.

Slurs and insults

Do not use words or insulting terms that are known to cause harm. Some persons with disabilities might sometimes use such terms as a way to reclaim them, or to describe their own experiences. Your consultations should not introduce such language, and you should set clear standards for courtesy and respect.

Competing views on person-first language

These guidance modules use "person-first" language when describing persons with disabilities. We use it to emphasize the person rather than the disability. For example, instead of saying "disabled persons," we say "persons with disabilities."

Person-first language may also involve using a phrase like "a person with a mobility disability" instead of "an immobilized person." Another example would be saying "a person with low vision" rather than a "low-vision person." This kind of phrasing avoids identifying a person with any disability they might have. A person with a disability may have different views of its meaning or significance in their lives.

At the same time, not all persons with disabilities prefer person-first language. You may notice that some individuals, experts, and organizations do not talk about disability the same way we do in these modules. Some might think person-first language places too little emphasis on

disabilities that are important parts of their lives. Others might find person-first language involves too much awkward grammar and phrasing.

While Government of Canada publications use person-first language by convention, we recommend that you follow the lead of persons with disabilities that you meet. If they prefer a certain vocabulary, you may wish to use those words as well.

You may choose to prioritize the use of person-first language in your accessibility plans, progress reports, and feedback process descriptions. Nevertheless, when you provide information about your consultations and about feedback, you may choose to describe any requests of this nature you have received.