Accessibility & Inclusion

A practical standard for communication, physical, sensory, cognitive, digital, and decision-making access

Evidence-informed • person-centered • trauma-informed • rights-respecting

CORE PRINCIPLE

Accessibility is not an add-on after a person cannot participate. It is a quality and safety requirement that should be designed into environments, communication, technology, services, and decision-making from the beginning.

1. Accessibility, inclusion, and accommodation are related - but not identical

Accessibility means designing environments, information, technology, and processes so people with disabilities can perceive, understand, navigate, communicate, and participate. Accommodation is an individualized modification or support when a standard process does not provide equal access. Inclusion goes further: the person is not merely present but can participate meaningfully, exercise choice, influence decisions, and receive comparable benefit.

- Accessible but not inclusive: a meeting has captions, but the person is never given enough time to respond or influence the decision.
- Inclusive but inaccessible in practice: an organization welcomes everyone but uses stairs, inaccessible PDFs, fast verbal instructions, and no interpreter process.
- Accommodation without system improvement: the same barrier is repeatedly solved one person at a time even though it could be removed for everyone.

2. Communication access

Under ADA Title II, public entities must take appropriate steps to ensure communication with people with disabilities is as effective as communication with others and must provide appropriate auxiliary aids and services when necessary. The appropriate aid depends on the person's communication method and the nature, length, complexity, and context of the interaction. DOJ also emphasizes timeliness, accessible formats, privacy, and independence.

- Ask the person how they communicate best; do not infer from appearance or diagnosis.
- Speak directly to the person, not only to a companion, interpreter, or support worker.
- Provide qualified interpreters, captioning, assistive listening, Braille, large print, accessible electronic text, qualified readers, or other aids when required by the context.
- Do not require a disabled person to bring their own interpreter. Under Title II, reliance on accompanying adults or minor children is tightly limited.

- For high-stakes communication - healthcare, consent, law enforcement, courts, child welfare, benefits, housing, safety planning - reassess whether the communication method remains effective as complexity changes.
- Allow AAC, typing, sign, gesture, pictures, supported communication, and adequate processing time. Speech is not a proxy for intelligence or comprehension.

> **SAFETY TEST**
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> If a person cannot privately understand a warning, report harm, describe symptoms, access instructions, or communicate disagreement, the accessibility failure can become a safety failure.

3. Physical and transportation accessibility

Physical access includes the route to and through a service, not only the front door. Relevant requirements depend on the entity, building, funding, jurisdiction, and date of construction or alteration. Organizations should use applicable ADA/Architectural Barriers Act standards and qualified accessibility expertise rather than relying on visual inspection alone.

- Accessible parking, passenger loading, exterior routes, entrances, doors, thresholds, elevators/ramps, service counters, seating, restrooms, and emergency egress.
- Clear maneuvering space for wheelchairs and mobility devices; routes kept free of temporary clutter.
- Furniture layouts that do not force wheelchair users into segregated locations.
- Accessible examination equipment and transfer processes where healthcare services are provided.
- Transportation planning that considers boarding, securement, service animals, mobility devices, scheduling, pickup communication, and safe return trips.
- Emergency plans that include people who cannot use stairs, hear alarms, see signage, communicate verbally, or independently relocate.

4. Sensory accessibility

Sensory environments can create barriers even when a building technically meets dimensional standards. Sensory accessibility is individualized; there is no single "sensory-friendly" setting that works for everyone.

- Offer quieter waiting or meeting options where feasible.
- Reduce unnecessary background audio, flashing, glare, visual clutter, strong scents, and unpredictable interruptions.
- Provide advance information about noise, lighting, crowds, touch, transitions, or procedures.
- Permit reasonable use of headphones, sunglasses, comfort items, movement, breaks, or alternative waiting arrangements when safe.
- Avoid assuming lack of eye contact, pacing, stimming, or atypical body language means disrespect, deception, or noncompliance.
- Ask what helps rather than guessing what the person "should" tolerate.

5. Cognitive accessibility and plain language

Cognitive accessibility reduces unnecessary demands on memory, attention, language processing, executive functioning, and abstract reasoning. Plain language helps many users, but easy-read material is a distinct format and should not be claimed merely because text is shorter.

- Lead with the most important action or decision.
- Use familiar words, short sentences, concrete examples, and one idea at a time.
- Define unavoidable technical terms.
- Break multi-step tasks into numbered steps and show progress.
- Keep labels, navigation, and instructions consistent.
- Use headings and white space to make information scannable.
- Pair text with meaningful visuals when they improve understanding; do not use decorative images as a substitute for explanation.
- Allow extra time, repetition, written follow-up, reminders, and teach-back when appropriate.
- For genuine easy-read resources, use simplified content, supportive images, generous spacing, and user testing with people who use easy-read materials.

6. Digital accessibility

WCAG 2.2 is the current W3C Recommendation in the WCAG 2 series. It organizes testable success criteria under four principles: perceivable, operable, understandable, and robust. In the United States, legal obligations depend on the entity and law involved; DOJ guidance explains that the ADA applies to web accessibility, and the 2024 Title II web/mobile rule uses WCAG 2.1 Level AA as the technical standard for covered state and local government web content and mobile apps, subject to its compliance dates and exceptions.

- Use semantic headings and landmarks; preserve logical reading order.
- Provide text alternatives for meaningful images and labels for controls.
- Caption prerecorded video and provide other media alternatives when required.
- Ensure keyboard access and visible focus.
- Do not rely on color alone to communicate status or meaning.
- Meet applicable contrast requirements.
- Allow zoom/reflow and responsive layouts without loss of content or function.
- Use descriptive links rather than repeated "click here."
- Label form fields, identify errors in text, and give instructions for correction.
- Avoid unnecessary time limits; provide mechanisms to extend or control time when required.
- Test with automated tools AND manual keyboard/screen-reader checks; automated scans cannot establish full accessibility.
- Make downloadable PDFs/documents accessible too; an accessible webpage linking to an inaccessible PDF does not solve the barrier.

7. Accessibility in meetings, classes, healthcare, and services

Before

- Ask about access needs in registration/invitations
- Provide accessible agenda/materials in advance
- Give a clear accommodation-request route and contact
- Describe location, parking, transit, entrance, room, technology, and sensory conditions

During

- State names/roles; describe relevant visual information
- Use microphones consistently and one speaker at a time
- Enable captions/interpreters and position them for visibility
- Build in processing time, breaks, and more than one participation method
- Do not force public disclosure of a disability to receive ordinary access

After

- Provide accessible notes, decisions, action items, and recordings/transcripts where appropriate
- Confirm who is responsible for accommodation follow-up
- Ask whether access worked and what should change next time

8. Meaningful participation in decisions

A person is not meaningfully included merely because they attended. Participation requires access to the information, enough time to understand and communicate, and a real opportunity to influence the outcome.

- ☐ Was the decision explained in an accessible format?
- ☐ Was the person asked what matters to them before options were narrowed?
- ☐ Were communication supports present before judging comprehension?
- ☐ Were choices real, or was one option presented as the only acceptable answer?
- ☐ Could the person speak privately with someone they trust?
- ☐ Were supporters helping the person decide rather than deciding for them?
- ☐ Was disagreement documented accurately rather than labeled "noncompliance"?
- ☐ Is there a way to revisit the decision if needs or circumstances change?

9. Accommodation request workflow for organizations

1. Make the request process easy to find and usable without specialized legal language.
2. Accept requests through multiple channels when feasible.
3. Do not demand unnecessary medical detail; request only documentation reasonably needed under applicable law/policy.
4. Engage in an individualized interactive process rather than applying diagnosis-based assumptions.

5. Identify the functional barrier and desired outcome before debating a specific device or solution.
6. Document the agreed accommodation, responsible person, implementation date, and backup plan.
7. Reassess effectiveness. An accommodation that exists on paper but does not provide access is not a successful outcome.
8. Provide an accessible reconsideration/complaint path and prohibit retaliation.

10. Accessibility audit checklist

- ☐ Can a wheelchair user reach, enter, use, and exit the service?
- ☐ Can a blind/low-vision user obtain the same essential information independently?
- ☐ Can a Deaf/hard-of-hearing user receive complex communication effectively?
- ☐ Can an AAC user communicate privately and at their own pace?
- ☐ Can someone with cognitive/executive-function limitations understand the next step without holding multiple instructions in memory?
- ☐ Can a person with sensory needs participate without avoidable overload?
- ☐ Can users complete the website/forms by keyboard and with assistive technology?
- ☐ Are PDFs, videos, forms, and third-party tools included in the accessibility review?
- ☐ Is there a clear accommodation contact and response timeline?
- ☐ Are emergency alerts and evacuation plans accessible in more than one modality?
- ☐ Are people with disabilities involved in testing and quality improvement?
- ☐ Does the organization measure whether accommodations actually worked?

11. From compliance to inclusion

Compliance establishes important minimum obligations. Expertise requires more: testing real workflows, including disabled users in design, measuring whether access works in practice, fixing recurring barriers at the system level, and treating accessibility as part of safety, quality, ethics, and organizational performance.

> **A USEFUL STANDARD**
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> Ask four questions about every program, space, document, website, meeting, and decision: Can the person GET IN? Can they GET THE INFORMATION? Can they COMMUNICATE? Can they MEANINGFULLY PARTICIPATE? If any answer is no, access is incomplete.

> **IMPORTANT**
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> This resource is educational and is not individualized legal, medical, mental-health, investigative, or emergency advice. Reporting duties and adult/child protection laws vary by jurisdiction. When immediate danger or urgent medical need exists, use the appropriate local emergency response.

References & trusted sources

Source hierarchy: authoritative disability/civil-rights and public-health guidance; systematic reviews/ meta-analyses; peer-reviewed research; and technical standards. Research limitations are stated where they materially affect interpretation.

1. U.S. Department of Justice. ADA Title II Regulations, §35.160 effective communication. Source
2. U.S. Department of Justice. Guidance on Web Accessibility and the ADA. Source
3. W3C. Web Content Accessibility Guidelines (WCAG) 2.2, W3C Recommendation. Source
4. W3C WAI. Cognitive Accessibility Guidance / COGA resources. Source
5. U.S. Access Board. ADA Accessibility Standards. Source
6. Administration for Community Living. Person-Centered Planning. Source
7. World Health Organization. Disability and health. Source
8. United Nations. Convention on the Rights of Persons with Disabilities. Source

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