

## **ACCESSIBLE TRANSPORTATION: CONSULTING THE EXPERTS**

**CONSULTING THE EXPERTS: TOWARDS A MORE PASSENGER  
FRIENDLY ACCESSIBLE TRANSPORTATION SYSTEM**

By

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## **Abstract**

Transportation is among the essential services that promote inclusion to everyday life for all citizens. Neither private nor public transportation systems provide fully adequate access for people with mobility limitations such as the elderly or people with disabilities. The historical exclusion from full participation in many activities of daily life experienced by people with disabilities is perpetuated by this lack of access to adequate transportation. Through a social lens and legislative backdrop, this study explored the challenges experienced by passengers of Accessible Transportation Services (ATS) in Hamilton, Ontario. This research was consistent with feminist methodology and was based upon a qualitative study of seven women with disabilities who are ATS passengers.

The accounts of these passengers illuminated barriers, both practical and attitudinal, that they experienced in using accessible transportation. Managing these barriers required work on their parts, generated considerable stress and compromised their inclusion as equal and entitled citizens. This study can serve as a starting point from which to examine the experiences of accessible transportation for passengers of working age and how they navigate their lives through the complex set of rules. Their description of ATS can inform service operations and ongoing policy development, both locally and more broadly in the province or even abroad. This study can also enhance an understanding of transportation as a contributor to, and perhaps, determinant of social inclusion.

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## INTRODUCTION

Transportation is essential to the function of society through the movement of goods and services and most importantly, people. It enables people in their pursuits of the necessities of life including going to work, school, medical appointments, church, visiting friends and family, going on vacations, attending social events and volunteering among many others. Mass transit systems have not generally provided the flexibility and convenience of the private automobile and public transit systems are regarded as a second rate and limited mode of travel. Problematically, neither private nor public systems provide adequate access to people with mobility limitations such as the elderly or people with disabilities (Denmark, 1998; Falcocchio & Cantilli, 1974).

A number of physical difficulties can hamper a person's ability to use public transportation such as poor vision or hearing, or coordination, decreased or slower mobility. The side effects of medication use and incontinence issues compound the difficulties in use of public transportation for people with disabilities. Specific barriers such as balance problems due to jerky stops and starts, the physical impact and social disapproval of crowd movement, walking or wheeling long distances to transit stops and sensory limitations also exist for passengers with disabilities. In Canada, inclement weather also poses a barrier to the use of public transportation for people with disabilities. Further, people with developmental disabilities who are now living in communities endure unique barriers to public transportation (Denmark, 1998; Falcocchio & Cantilli, 1974).

To the extent that people with disabilities lack access to appropriate transportation, they are prevented from accessing government, commercial or community services and from participating in the economic, social, political and cultural life of the community. Public transportation is, therefore, a crucial mechanism to ensure the exercise of full and equal citizenship. The problems of access in public transportation are often difficult as Denmark (1998) states: “achieving equality is not a simple matter when different people have different views on the very definition of it”. Measures have been taken in many communities to address equality problems faced by transport-disadvantaged groups, the most visible being parallel transit systems, such as Accessible Transportation Services [ATS] in Hamilton, the context of the study reported here.

A wealth of literature reveals a long history of discrimination against and stereotyping of people with disabilities (Jolly, 2001; Mullaly, 1997, p. 139; Higgins, 1992; Eiesland, 1998; Oliver, 1990). Arguably, the social exclusion of people with disabilities is unintentional; however, it is embedded in dominant cultural assumptions, social structures and public policies and practices. Over time and through the development of international, national and provincial human rights legislation, it has been challenged and, with respect to transportation, the challenges have prompted the creation of parallel transit systems to provide people with disabilities the opportunity to enjoy and contribute to all aspects of life. Indeed, accessible transportation systems may be one of the most essential



social services to support the autonomy and social inclusion of people with disabilities.

This study explores the experiences of passengers who use accessible transportation in Hamilton, Ontario, specifically adults of working age. Their accounts can inform service operations and ongoing policy development, both locally and more broadly in the province, and can enhance understanding of transportation as a contributor to, and perhaps, determinant of social inclusion.

My interest in this topic is rooted in my experiences as a person with a disability who often uses accessible transportation in the Hamilton, Burlington and Toronto region. When I was an active, independent mid-twenty year old woman, I was diagnosed with secondary, progressive, Multiple Sclerosis. Twenty years ago this diagnosis did not really mean very much to me. The furthest thought from my mind was that I would need to slow down, quit work, stop going to the gym or put an end to any of the myriad of other activities that kept me busy. Since I had always been an extremely active individual, I could not imagine not being able to work or drive my car, requiring the use of a wheelchair or being dependent on public transportation. However, as my MS progressed there was a need to exchange the activities to which I was accustomed for more modified activities. For many emotional, psychological and practical reasons, it was extremely important to me to remain as active as possible. I needed to maintain my usual level of self-reliance. My desire to stay busy did not waiver throughout the progression of the disease. After I was forced

to stop driving and subsequently began to use a cane for balance, I found it necessary to travel by taxi, which was tolerable, but somewhat costly.

Regardless, I could still remain fairly independent.

I refused to give up any activities even when I began to use a walker and then a wheelchair. However, in order to maintain my busy lifestyle, it became necessary to give up a little independence and become more reliant on healthcare and other public services. Of the many public services available to me as I transitioned to life with a disability, the absolute, most vital service was accessible transportation.

Making drastic lifestyle changes was difficult, but manageable with the proper information and supports. It was still possible to preserve a certain level of control over my life, which enabled my confidence and self-esteem to remain fairly stable. Conversely, adapting to dependence upon accessible transportation has been extremely difficult. When I first became a passenger, I found it very challenging to plan out my activities for the month, book my rides ahead of time, remember the dates and times for which rides were booked, cancel rides when necessary, buy tickets and the many other issues involved in just going out somewhere. Rules regarding service were constantly changing and, to me, seemed to function according to the notions of whoever was in charge at the time. I quickly discovered that it was very difficult for people with disabilities to enjoy even a limited amount of social inclusion when their only

means of transportation could not deliver them, without hassle, where they wanted or needed to go.

I thought the problems were just mine because of all the good things I had heard about the Disabled and Aged Regional Transit System [DARTS] from others so I did not complain. I sensed that on the surface, people see DARTS in the community and assume that their city is adequately and reasonably responding to the needs of people with disabilities. Someone once told me that people with disabilities were 'lucky' to have DARTS. I wondered if she would say the same thing if she was not able to drive her own car for some reason. Similarly, the president of a non-profit agency once overheard my complaints about DARTS and told me that people move to Hamilton from all over the country, specifically, to have access to DARTS. Again, I wondered if this person would feel the same way if she were dependent upon accessible public transportation. This discrepancy between my experience of the complexities of using ATS and public assumptions about its simplicity and sufficiency prompted me to want to learn about other service users'/ passengers' knowledge of the system. In addition, it prompted me to involve myself in local organizations and committees concerned with accessible transit.

My studies in social work at McMaster University also introduced me to new lines of thought about this issue. I learned that the social inclusion and exclusion of individuals from groups marginalized by ability, race and other systemic factors was embedded in the structures of society not merely in attitudes (Mullaly, 1997,

p. 139). I also explored the development of the disability rights movement and its claim that, as a simple matter of social justice, people with disabilities are entitled to the same social, economic and political rights as everyone else based purely on citizenship (Mishra, 2005; Jolly, 2001; Marshall, 1992).

I resolved to explore my questions and concerns in my master's research in the hope of better understanding the perspectives of transportation service users/passengers and developing suggestions for positive change in policies and practices. Despite legislative and policy gains with respect to the rights of people with disabilities, transportation services continue - to varying degrees – to be limited both by funding constraints and by the legacy of discriminatory attitudes. Accordingly, the purpose of this study was to explore how people with disabilities of working age navigate accessible transportation systems, and the ways in which those systems do and do not enable their autonomy and inclusion. The particular focus of the study was on ATS in Hamilton, Ontario which, as will be explained later, constitutes a particularly illuminating study site or 'case'. To situate the study, I begin with a review of the literature on the social model of disability and the historical and current marginalization of people with disabilities. The public policy context at different governmental levels is then described, with attention to the contested character of provisions (including transportation) for citizens with disabilities.

**Disability Through a Social Lens**

In the days of the early Christian church, AD 500, disability was recognized as the result of displeasure of the gods, or God, evil spirits, the devil or witchcraft. It was common practice to rid society of people like this who were deemed to be undesirable. Notions of people who had disabilities as sinners perpetuated the individualization of disability and served as foundational roots for separating people with disabilities from other members of society. People with disabilities experienced exclusion because they were representative of either the failure of God's intervention or the frailty of humanity. In the late eighteenth and early nineteenth centuries people with disabilities were trying to define themselves as having their own culture and assert a more positive disability identity (Clapton, 1997).

Over time, people with disabilities were treated with cruelty, were objects of pity or just ignored. They were left to survive as best as they could in homelessness and poverty. Monasteries responded by providing care based on the premise of concern for others found in biblical texts. Bottomore and Marshall (1992) report that a "set of social rights and obligations constituted a sort of citizenship package" in feudal society, which could be deemed as rudimentary civil rights. During the Industrial Revolution this citizenship package changed to accommodate the rise of capitalism. People were measured on the basis of productivity so people with disabilities became a group that needed to be physically removed from mainstream society because they impeded productivity

(Higgins, 1992, pp. 26-27). In the late nineteenth and early twentieth centuries when citizen rights became more political and the moral meaning of disability shifted to a medical and economic focus, medical professionals became the authority in terms of defining the best interests of people with disabilities (Eiesland, 1998). After the Great Depression of the 1930s, it was determined by dominant groups in society that state intervention was necessary in order to maintain economic growth and social stability. Social rights were born during this time and modern societies are now comprised of differing genders, classes and other minority groups with differing interests, needs and values, which are often contradictory (Broad & Antony, 1999, pp. 9-10).

The literature shows that people with disabilities around the world still experience discrimination and paternalism based upon their differences. McClusky (1988) found that, “generally, there is widespread prejudice; people with disabilities are seen as being different and in some way inferior to non-disabled people”. Michael Oliver (1990, p. 22) believes:

Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society ...to understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called disability.

People with disabilities have been compelled to accept what society has done for them. They are expected to do so with appreciation and without complaint. This attitude is important in self-identification issues for people with disabilities.

Higgins (1992, pp. 101-105) believes that people have a sense of self that is not physically within them. Our identities are contingent upon with whom, and

how, we interact. The understanding we develop of others through interaction, and our responses to the interactions, result in the image that we develop of others. If our interactions vary greatly then so too, do our identities. It is impossible to know someone outside of what we learn from our interactions with them. This notion of identity, formed within interactions, is crucial for people with disabilities. If identity is only an internal trait then it would be reasonable to assume that people with disabilities have diminished selves with no chance of escape. Whoever interacts with a particular person is socially responsible for the formation of that person's identity. People are enabled or hindered in their interactions with others. How disabled people are identified could have enormous consequences in identity formation. Goffman (1963, pp. 73-85) states that because membership in a stigmatized group often results in uncertainties in identity formation, it is apparent that people who have been disabled for many years may develop coping strategies that are specialized to combat stigma to form a satisfying sense of self.

Historically, it has been difficult for people with disabilities to develop a satisfying identity because as Oliver (1990, pp. 32-41) reports, most disability models locate the "problem" within the individual, and he sees the cause as resulting from functional limitations or psychological losses. Oliver argues, rather, that disability is socially produced, not an inherent individual problem. The social model of disability that he and many others articulate directs attention to the sociopolitical context that structures the meaning and experience of

disability and, in many places, has generated an accompanying social movement based in a rights-based paradigm. We have witnessed this process here in Ontario. Recently, for example, a particular focus of activism and lobbying for people with disabilities was sparked by the Ontarians with Disabilities Act [ODA]. The cumulative impacts of this social model and such political mobilization are gradually finding their way into public policy discourse; for example, the Participation Activity Limitations Survey [PALS] produced by Statistics Canada, (2001) now states that disability should no longer be identified solely in terms of biology or medicine. Its definition has changed significantly over the past few decades and is constantly evolving.

### **Public Policy and Disability: From International to Local Levels**

Public policy and the law have the potential to change the discriminatory conditions faced by marginalized populations and to support their citizenship rights (Mishra, 2005; Jolly, 2001; Bottomore and Marshall, 1992). A brief review of policy and legal initiatives concerning people with disabilities follows, setting the backdrop to their claims to public transportation resources necessary for their full social participation and inclusion.

#### *International Initiatives*

In an effort to acknowledge people with disabilities as equal citizens, The World Health Organization (1990) stressed the importance of appropriate language and differentiates between the terms impairment, disability, and



handicap. A person is deemed to have a disability when impairment causes limitations of an individual's productive capacities, abilities or skills. For example, a person's inability to drive a car or read the newspaper due to impairment would be a disability. The phenomenon of "handicap" is socially constructed, resulting from societal attitudes toward people with disabilities. It is the term least preferred as a form of identification by the disabled community. Handicaps are the environmental disadvantages that result for people with impairments or disabilities. For example, a person's inability to attend a function or service due to a lack of physical access is evidence of a handicap (Bickenbach, 1992, pp. 12-27). A blurred distinction exists between these terms, causing them to be used interchangeably. This discourse about appropriate language is consistent with other global views about disability.

Even though the United Nations [UN] has acknowledged the need for international human rights legislation, the first disability legislation has only been in existence for the past three decades. The UN has authoritatively endorsed the shift to a human rights perspective for all citizens through a number of international developments. In 1981 the "International Year of the Disabled" overtly proclaimed "Full Participation and Equality" (UN, 2005). Throughout the 1990s, the UN adopted a series of world strategies to promote equal rights and full participation for people with disabilities in 1993 the Vienna Declaration for Human Rights endorsed all human rights and freedoms as being universal (UN, 2005). However, by 1999 only three-quarters of the one hundred and eighty-five

UN member states had committed themselves to securing equal rights for their citizens with disabilities. In 2008 the Office of the High Commissioner for Human Rights in cooperation with the UN examined measures to strengthen the protection of human rights for people with disabilities. Finally, on March 30, 2007 the UN proclaimed people with disabilities as equal citizens (Office of the High Commissioner for Human Rights, 2008).

### *National Policies on Disability*

In providing access for people with disabilities two contrasting approaches can be seen in the policies of nation states. In liberal-welfare regimes such as Canada and the United States, individuals are expected to look after themselves, but government assistance is available for those who cannot provide for their own welfare and that of their families' (Scruggs & Allan, 2008). In the US, individuals with disabilities lobbied local and national legislators to implement disability policy. Enacted in 1990, the Americans with Disabilities Act [ADA] prohibits discrimination against people with disabilities in terms of employment, services, telecommunications, public accommodations and transportation (US Department of Justice, 2005). A problem with liberal-welfare legislation is that it singles out individuals with disabilities and accommodation is made for them. This results in an "us versus them" mentality and perpetuates social barriers. However, the ADA has improved overall accessibility and quality of life for people with disabilities in the U.S. by allowing them to become valued contributors and

more equal members of society (US Department of Justice, 2005). Other than the federal human rights code and the Canadian Charter of Rights and Freedoms (1982), disability legislation in Canada is unique in that it is not federal - only one province has any specific disability legislation at all (see below). While Canadians generally acknowledge the importance of the contribution of people with disabilities, the provision of services and supports to increase inclusion has been challenging and, as noted, is rooted in a highly residual welfare regime.

In contrast, Social-Democratic countries such as Sweden, Finland and the Netherlands, acknowledge that everyone in society should be integrated into all civic, social and public areas of life (Fitzpatrick, 2004; Esping-Andersen, 1990). The assumption is that all individuals can move freely in all social and physical environments and each individual's needs are met. Employment and access to goods and services are made available to everyone without special consideration. The environment has been designed or modified to accommodate the changing needs and diversity of people of all ages in society. For example, public transportation in these jurisdictions has been fitted with special areas for access and space for the storage of mobility devices or baby strollers. The environment is diligently monitored to identify and eliminate barriers (Fitzpatrick, 2004). This comparison of different states' responses to citizens with disabilities highlights that inclusion and exclusion are political products – not fixed matters of economic or biological reality.

*Provincial Disability Initiatives: Ontario*

Currently, there are approximately 1.5 million Ontarians with disabilities who, daily, face many physical and social barriers that prevent them from participating fully in the economic, social and cultural life of this province. Some of these barriers include inaccessible buildings with stairs, insufficient accessible public transportation, unwillingness to provide accommodations in the workplace or classroom, lack of alternative formats for written information and lack of sign interpreters to bridge communication between hearing and deaf or hard of hearing people, among others (Accessibility Directorate of Ontario, 2005). The province had many years to enact voluntary measures to remove these barriers and prevent the creation of new barriers.

Despite the many pieces of federal and provincial legislation implemented to address inequality issues of disabled citizens, such as the Workplace Safety and Insurance Act (1997), the Ontario Disability Support Program Act (1997), the Advocacy Act (1992), the Building Code Act (1992), Employment Equity (1991), the Blind Persons' Rights Act (1990), the Corporations Tax Act (1990), the Education Act (1990), the Income Tax Act (1985), the Charter of Rights and Freedoms (1981) and the Ontario Human Rights Code (1981) barriers continue to create difficulties in many respects (Accessibility Directorate of Ontario, 2005).

The enactment of the ADA in 1990 prompted people with disabilities in Ontario to discuss the idea of seeking similar legislation in this province. The ODA Committee (2005) reported:

There was little, if any, focused attention on what this new law would contain. It was understood from the outset that an ODA would not be a carbon copy of the ADA. For example, some parts of the ADA were already incorporated in the Ontario Human Rights Code. There was no need to replicate them again.

Days after the enactment of the ADA in 1990, NDP Party leader, Bob Rae responded to a disability rights legal platform questionnaire with a letter which, among other things, supported appropriate disability legislation. These actions resulted in the introduction of Bill 168, a Private Member's Bill, which died on the order paper (ODA Committee, 2005).

In November 1994, Mike Harris (the conservative party leader and, later, premier) promised that he would then work closely with the ODA Committee to develop and implement a strengthened ODA before the end of his first three-year term, if elected. That promise resulted in a second weak and ineffective ODA, Bill 83. It was a three-page document that made accessibility completely voluntary and only applicable to the government, not even the public or private sectors. Bill 83 died after its first reading in the Legislature (ODA Committee, 2005). Having been re-elected, Harris promised to again work closely with the ODA Committee to create a strengthened piece of disability legislation in his second term as Ontario premier. Finally, in November 2001, Bill 125, the Ontarians with Disabilities Act received royal assent and became law (Bill 125, 2001).

Continued complaints from the disability community in Ontario about the ambiguity of Bill 125 prompted the new Liberal Government, led by Dalton

McGuinty elected in 2003, to hold public hearings to determine what the public thought should be included in the ODA. These hearings resulted in a comprehensive piece of legislation, Bill 118, called the Accessibility for Ontarians with Disabilities Act [AODA] 2005 (Bill 118, 2005).

The AODA addressed the shortcomings of the ODA by providing comprehensive accessibility requirements and monitoring of public and private sectors. The Act groups disability issues into five categories: customer service, built-environment, employment, information and communication and transportation. Standards development committees comprised of fifty percent of professional service providers and fifty percent people with disabilities were struck for each of the five categories. To date, only customer service standards have been enacted. Standards for the other four disability categories, including transportation, are in process. The proposed transportation standards have been finalized after receiving extensive public consultation and are awaiting the Minister's approval (The Ministry of Community and Social Services, 2008). The ODA (2001) was not rescinded so sections of that regulation that were not covered in the AODA are still applicable (Accessibility Directorate of Ontario, 2005).

Public sector organizations including Government ministries, municipalities, hospitals, public transportation organizations, school boards, colleges and universities are required to continue to prepare and make public annual accessibility plans, as the legal obligations under the Ontarians with Disabilities Act, 2001 remain in force until such time that the Act is repealed.

As noted earlier, the ODA and now the AODA have been the focus of

considerable political mobilization among people with disabilities in the province. The disability movement in Ontario became a strong lobby with the formation of the ODA Committee, a voluntary, non-partisan coalition of individuals and community organizations who advocated for the prompt passage of a strong and effective ODA. Due to their wide range of disabilities, these individuals brought extensive practical expertise and knowledge about the barriers confronting persons with disabilities within Ontario. They believed that all-party support was necessary to achieve a barrier-free society for persons with disabilities (ODA Committee, 2005). After the AODA became law in 2005, the ODA Committee was disbanded and replaced by the AODA Alliance Committee to monitor the development in implementation of the disability standards that would ensure complete accessibility of the province by the year 2025 (AODA Alliance Committee, 2009).

Considering the importance of disability expertise, Bill 118 (2005) mandated that every municipality in Ontario with a population of ten thousand or more must develop Advisory Committees for Persons with Disabilities (ACPD). These ACPDs are voluntary citizen advisory committees, which meet regularly and advise their City Councils on matters of disability concerning their own municipality (as will be noted later, I am a member of the transportation sub-committee of Hamilton's ACPD). All provincial advisory committees meet together annually to share information and discuss future disability and AODA developments. This, then, brings us to the municipal level of government and its

responsibilities in relation to citizens with disabilities.

### Municipal Responses to Transportation for People with Disabilities: the Hamilton 'Case'

Municipalities in Ontario are charged with the provision of accessible transportation services and organize and deliver them with considerable local variation. As the site of the current study, Hamilton's system is elaborated here.

ATS in Hamilton is a branch of the City's Public Works Department – Transit Division in the City of Hamilton thereby; funded primarily with money from the municipality. ATS is the umbrella term. It incorporates three nodes of accessible public transportation in a complex organizational arrangement: 1) accessible conventional transit, 2) the taxi scrip program and 3) a parallel transit system, contracted out to another organization.

The conventional transit system, the Hamilton Street Railway [HSR], is equipped with accessible low floor buses. This is a viable option for many people with disabilities who are able to travel between bus stops, their homes and destinations. When a wheelchair is at a bus stop, bus drivers are trained to kneel the bus, extend the ramp and open the back door of the bus for boarding. People with disabilities drive their mobility device backwards into one of the two designated wheelchair spots onboard the bus. Bus fares are optional for a person with a disability and his/ her escort because the fare box is at the front of the bus. This system provides opportunities for people with disabilities to have greater autonomy and independence and allows them the rare luxury of



transportation spontaneity.

There are a limited number of wheelchair accessible taxis available to people with disabilities on a one or two day pre-booked basis. If space permits, last-minute trips may be available and negotiated. ATS passengers receive a 40% discount on taxi rides through a “Taxi Scrip” program (see Appendix 1). Two taxi companies have wheelchair taxis – one with two taxis and the other with five taxis. However, fare parity does not exist between conventional and wheelchair taxi service. The taxi industry implemented extra charges for wheelchair service. The first company charges thirty-seven dollars for the first 10 kilometer and one dollar per kilometer after that. The other company has imposed a three-dollar surcharge per trip for gas. For any wheelchair taxi rides taken after 7 p.m., the passenger pays \$20 on top of the meter fare, after 8 p.m. the passenger pays \$30 plus the meter. The extra charge goes up by ten dollars every hour until 1 a.m. when the extra charges go down ten dollars every hour until morning. Recently, these extra charges have been reversed due to pressure from the AODA. However, taxi owners’ complaints about undue financial hardship sparked the implementation of new surcharges for wheelchair taxi trips only. Now, a passenger is charged ten dollars per trip just to get in the wheelchair taxi and two dollars per kilometer on top of that. Conventional taxi fares do not include the extra ten dollars.

The final branch of ATS is the parallel transit system, Disabled and Aged Regional Transit System (DARTS). DARTS is a not-for-profit organization that is

contracted by the City to provide rides to people with disabilities. The City (ATS) administers the reservations and scheduling of rides while DARTS actually provides the service: an organizational split that, as is explored later, introduces complexities for passengers. A number of features of DARTS practices and policies are introduced here to contextualize the study and its focus.

The “subscription trip policy” (ATS, 2006) enables passengers that take rides to and from the same locations on the same day and at the same time each week such as work, school or a day program with out pre-booking. The ride is put on a master list and arrives at the passenger’s home automatically. Subscription trips can be problematic for DARTS because 70% of all DARTS trips are master list rides, leaving only 30% to be booked as casual trips (Quinn, 2009). Single trip space is therefore very limited and hard to secure.

Another policy, the “No-shows / Cancellations” policy (ATS, 2006) states if a passenger does not cancel a trip and a driver arrives at his/her pickup location the passenger is marked a no-show. The driver leaves a large white notice on the window that signifies a missed DARTS ride (see Appendix 2). When a passenger has cancelled more than forty percent of his/her subscription trips in the month or has a combination of six cancellations and/or no-shows per month then the passenger will be issued a letter (see Appendix 3) informing him/her that his/her DARTS service is on probation. ATS staff will contact the passenger by telephone and if not satisfied with the passenger’s justification for policy violation, DARTS service can be suspended for that passenger for a stated period of time.

Passengers who are faced with suspended service have the opportunity to appeal the decision. An appeal panel will listen to the passenger's defense and make a final decision about whether or not to uphold the decision (Quinn, 2009).

The "Hours of Service" policy (ATS, 2006) requires the operations of DARTS to be from 7 a.m. until 11 p.m. This approach was contested by ACPD with a recommendation to extend Friday and Saturday evening pickup times to midnight. In consideration of the pending AODA transportation standards, which require equal services between conventional and parallel transit systems, ATS amended this policy to extend DARTS pick-ups until midnight on Thursday, Friday and Saturday nights (Quinn, 2009).

The "Attendant/ Companion policy" (ATS, 2006) states that a passenger who requires the assistance of an attendant must be allowed to travel on DARTS with his/her chosen attendant providing that extra person pay a regular fare. Passengers may also travel on DARTS with a companion who pays a regular fare if room is available on the assigned bus. If a passenger requires more than one companion (i.e. mother with three children), he/she must consult an ATS customer service representative (Quinn, 2009).

As in all communities in the province, ATS in Hamilton is the focus of change and considerable debate for several interrelated reasons. First, the implementation of the AODA is requiring change. Second, local advisory committees (ACPDs) are required by law and are very active. The Hamilton ACPD is currently comprised of fourteen citizens, twelve of whom have

disabilities and two are employed by service providers. The committee members reapply for their positions in conjunction with every municipal election. Advisory committee members are then appointed by City Council. The committee also includes three city staff and one municipal councilor. This committee has developed subcommittees for each disability category outlined by the AODA Bill 118, 2005). The transportation subcommittee has five ACPD volunteers, two city staff members, the executive director from the parallel transit system and two DARTS employees. This subcommittee meets monthly to discuss accessible transportation policy issues. As a member of this committee myself, I am knowledgeable about and directly involved in discussion of issues and tensions experienced by ATS passengers.

Finally, all these shifts and debates are happening against the wider backdrop of economic recession and municipal government budget strains. These financial tensions have prompted the City of Hamilton to undertake numerous reviews of the service, often focusing on the split between ATS and DARTS – a contentious split for many years that requires passengers to navigate two administrative systems, one for reservations and scheduling and one for actual service provision. The most recent ATS peer review was intended to provide options to the City of Hamilton to deliver more efficient accessible transportation, provide a higher quality of service, meet passenger needs in a more cost effective manner, encourage a family of transit services that maximizes resources and increase the spontaneity of travel for people with

disabilities (Transportation Planning and Traffic Consultants, 2006). They offered four options to the city to choose from; two hybrid systems similar to the current system that splits responsibilities and two standard systems, one all DARTS controlled (all-out) and one all city controlled (all-in). To address concerns of system simplicity, quality and accountability, ACPD recommended option D to city Council, which is the all-in model. However, after a lengthy debate city Council dismissed ACPD's advice and chose option C, the all-out model, which reversed the consultants' 2006 decision to move dispatchers and schedulers to ATS.

The provision of accessible transportation in Hamilton is, in short, in flux and the focus of considerable debate and tension. It offers a valuable 'window' into exploring the issues and difficulties as they are experienced by the citizens who rely on the service. I undertook this research in order to better understand these difficulties and contribute toward analysis and action to remedy them.

## **THE STUDY**

### **Methodology**

A small qualitative study was conducted in the spirit of critical social science (Neuman, 1997) in order to draw forward experiences of people with disabilities who rely on accessible transportation. Their knowledge of their needs for transportation, its significance in their lives and their assessment of the quality of currently available services is, thus, fore-grounded. As noted earlier and as I

know from my own experience, passengers' knowledge is seldom given primacy in policy development or service delivery. Methodologically, then, this research is situated in the tradition of generating 'bottom-up' knowledge (Beresford, 1998), exploring perspectives typically discounted.

This study also built upon feminist methodological principles (Neysmith, 1995). Just as women experience oppression in a male-dominated society, people with disabilities experience oppression in an able-body-dominated, or ableist, society. Our society idealizes perfect appearance, strength, energy and proper control of the body. We are bombarded with the importance of these ideals with products and services to achieve them. Many people have difficulties identifying with society's ideals; especially people with disabilities. In parallel to Wendell's (1989) analysis of women's position under patriarchy and because disability is socially constructed, a deep understanding of the issue must include attention to the dominant ableist culture. That is, it is important to consider whether people with disabilities need to stress their sameness or differences from dominant culture and whether to place great value upon their independence from that of other people, since the dominant culture de-values vulnerability. The disability community is seeking full integration into an ableist society just as feminists are striving towards equal power and full integration in a male-dominated society.

My 'insider' positioning was another methodological consideration in the research process. I undertook the study as an insider of the disability community

so I am conscious of the many nuances that prevail within the disability culture and I experience ATS myself. LaSala (2003) believes that members of certain communities who conduct qualitative research about that group have a unique ability to understand the importance of the issues being studied and what they mean to the informants. For example, I am accustomed to the complicated rules and ever-changing policies and practices within the ATS system. I have spent many hours waiting for rides, been stranded without rides and limited my activities because no transportation was available. I have been forced to plan my life up to a month, and most recently, a week in advance.

An insider perspective may also produce research that is biased or limited. To avoid such bias, the insider must be conscious and reflective about his/ her positioning and its influence on the research process: open to hearing and exploring differences in experience and open to considering the wider structuring of individual experience (LaSala, 2003). For example, in interviews, I took care not to intrude my perceptions and to explore – not assume – participants' meanings. With respect to understanding the wider structuring of transportation services, over the last three years I have learned about the administrative side of ATS through my involvement on the DARTS Board of Directors, the City of Hamilton's ACPD and its Transportation sub-committee (ACPDTS) and the Steering Committee to determine Passenger Criteria. Through these committees I have learned about the ATS' and DARTS' budgets, ownership and operations of the two systems, how policies and practices are formulated, have developed

relationships with the people in charge and other aspects of the inner operations of the ATS and DARTS systems. I have seen firsthand how difficult and complex the public transportation system in Hamilton is to operate.

## Methods

Hamilton was a promising site for this study: it is a city of sufficient size to have a well-developed transportation system and it has a disproportionately high number of residents with disabilities. Statistics Canada (2001) reports that Hamilton has a very high rate of people with disabilities at 18.6 % as compared to the provincial rate at 13.5% and the national rate at 12.4%.

A purposive sample (Babbie, 1995, p. 225) of ATS passengers was recruited for the study. Criteria for participation were that people were of working age, had physical or sensory disabilities that required mobility devices, were community-dwelling and had active lives in the community. Participants were recruited by means of an advertisement (see Appendix 4) that was placed on ten day shift and ten afternoon shift DARTS buses. Just over seventy-percent of DARTS passengers are over the age of sixty-five so in order to attract the interest of enough age-appropriate participants, twenty ads were displayed. These notices briefly described the research and invited passengers to contact the researcher if eligible and if interested in being involved in the study. After seven days no participants came forward so advertisements were placed in twenty more buses. In response to this second set of notices, seven passengers came forward and all agreed to participate. I was acquainted with four



participants as I have a disability and I use ATS myself – something that I had foreseen as possible and that had been anticipated in the study's ethics review. With them, I was sure to clarify our boundaries to their satisfaction and to articulate clear assurance of the confidentiality of their responses and their anonymity in my reporting of the study.

All seven study participants were women and ranged in age from twenty to sixty years of age. All of the participants had physical disabilities and used various mobility devices; one used a cane due to a prosthetic leg, two mainly used power wheelchairs, but could manage without in their own homes, one was totally dependent upon a power-chair, one used a scooter and the other two participants were dependent upon the use of manual wheelchairs. All participants were long-term ATS passengers with a mean length of usage-time of twelve years. In reporting the research, they are referred to by pseudonyms.

These seven participants each took part in a semi-structured interview (see Interview Guide in Appendix 5) designed to explore the degree to which the service supported their independence and social participation. The use of open-ended questions (Babbie, 1995, p. 142) also invited their concerns and their ideas. Interviews took place in the locations of the participants' choice (e.g., their homes, an accessible location on campus, a coffee shop) and were approximately one hour in length. With participants' permission, interviews were taped and transcribed. Transcripts were closely read and re-read and the resulting analysis generated key themes that structure the presentation of

findings in the next section: practical and attitudinal barriers to inclusion; patterns of response to those barriers; and ideas and dreams for change.

### **FINDINGS: CONSULTING THE EXPERTS**

The seven participants in the study Gina, Theresa, Wendy, Maggie, Susan, Winnie and Brenda required accessible transportation in order to engage in a wide range of social activities and commitments, such as: volunteer work, school, family and social activities, church, shopping, paid employment, appointments with medical and other services. For example:

...I use [DARTS] for medical appointments hairdresser, esthetician to get up to the mall to do some shopping or go to see family for dinner...I use accessible transportation, probably three to four times a week...

I have used DARTS [for] 8 years in September... [to go] back and forth to [her athletics practices]...I use the HSR to go everywhere else. I use ATS almost everyday...

I use accessible taxis on the weekends to go to church and once in a while I will take the bus...I take DARTS for dialysis treatments or if I go out for dinner or if I go out with [friends].

The participants' social engagements and aspirations were, in short, as multi-faceted and variable as those of their non-disabled counterparts.

### **Accessible Transportation Enabling Inclusion?**

The central focus of this study was on exploring the degree to which people with disabilities found that ATS enabled and supported their participation in their desired social worlds; in essence, their total social inclusion. Participants'

accounts of using ATS suggested that, at times, they did experience the service as enabling and supportive. For example, at one point in her interview Gina summarized her experience positively:

I think it's a really wonderful service...I really haven't had any problems I have often called dispatch at the last minute to get a ride and they've been able to accommodate me due to cancellations. Some dispatchers will look high and low for a ride.

However, much more frequently, Gina and other participants described much less flexible and supportive services that were poorly attuned to their needs and expectations and caused them considerable stress. Their experiences revealed barriers that were both practical and attitudinal in character.

### *Practical Barriers*

A dominant theme among participants that reinforced how barriers to inclusion may be created by ATS for this population concerned the current system of scheduling trips. ATS schedules rides according to a computerized, pre-booked, shared-ride process. Reservations and the scheduling of rides are done by ATS and passengers are required to call to book rides one week in advance beginning at 8:30 a.m. on a first-come, first-get basis. By 9 a.m. all casual rides that are booked must go on a waiting list due to the 70% pre-reserved subscription trips described earlier. This method poses difficulties for people with disabilities because individual passengers each have their own schedules and time-lines with which they must abide. Participants found it extremely challenging to adapt their own schedules with DARTS'/ATS' service

delivery models and requirements. For example, Winnie expressed her disapproval of current ATS scheduling practices:

I don't like the way the schedule is being made up. It just doesn't seem logical to send somebody downtown for a trip that is going up the mountain. That's cutting it too close. If I'm shopping it's not a big deal, I don't get worried about it. But if you have a doctor's appointment...

Another practice that participants found problematic was the requirement of seven-day, pre-booking of rides. Passengers must know one week in advance what they are going to be doing and how they will be feeling. Even then, there may not be a ride available to accommodate them. Susan expressed her frustration with the unfair nature of this policy:

...a week in advance is not appropriate for booking your things most people can do [spontaneously]...some doctors' offices phone you to remind you [of your appointment] the day before, well that's too late for DARTS...

Teresa also strongly believed that trying to live a week in advance is very difficult for people with disabilities, who are attempting to live as normally as possible. Since ATS provides the only source of accessible transportation, people with disabilities are often frustrated when they are left without options.

Teresa said:

You call DARTS because there's an emergency. That's your only form of transportation. DARTS tells you when you have to call a week ahead. A week ahead! It's an emergency. What do you mean a week ahead?! You didn't plan the emergency, that's why it's called an emergency and you have to get to where you're going.

Wendy agreed that this seven-day booking window was problematic for passengers. She stated:

You don't always know a week in advance what you need to do or what you want to do. It's ridiculous to think that things don't come up and things don't happen...If you want to go someplace you don't always know a week in advance.

All participants found this practice unreasonable and considered that it excluded them from the possibility of spontaneous movement and social engagement that citizens without disabilities are privileged to enjoy. Acknowledging the limitations of transporting people with disabilities, participants were willing to do whatever was necessary to compromise and lessen that seven-day booking window. Wendy stated:

Realistically, we realize that you are not going to get a ride in five minutes, but a few hours would work! Reasonably, we should be able to plan our lives a day before. I don't think it's going to happen, but that would be really nice!

On occasions when ATS cannot accommodate ride requests, people with disabilities may be at risk of isolation. There are no other transportation options for individuals from this population. For example, Teresa stated:

We only have two wheelchair taxi companies and one of them only has one taxi, which is way too expensive. The meter begins at \$37! That means that I'm a "shut-in" for eight months of the year.

Another ATS practice that proved problematic for participants concerned the "waiting list". When rides are not immediately available, passengers have the option of being placed on a waiting list while reservationists see if that ride will fit into an existing schedule due to cancelations of rides by other passengers. Unfortunately, passengers are not informed if their ride cannot be accommodated. They are only told the day before the scheduled trip if a ride *has*

been found. Susan shared an experience that she commonly encounters when attempting to secure a ride for an appointment:

DARTS couldn't [find a ride for me]. They told me they could put me on a waiting list but they never got back to tell me yes, no or maybe so I just got a taxi to make sure I got there. I have problems, very frequently, when I am placed on DARTS' waiting list.

Rides that are put on the waiting list may remain unused by passengers who need them because they find the whole waiting list issue very difficult to navigate through. Wendy shared her frustration:

It takes a lot of work to manage the system. It's the last thing I think about before I go to bed. I have to make sure that I'm up early enough to call DARTS by 8:30 a.m. and if it's busy, which it usually is I have to keep hitting redial until I get a hold of somebody and then the ride that I want is usually taken so I have to be put on a waiting list. I won't know if I get my ride until the day before and by then my plans will usually change.

When ATS cannot accommodate requested rides, people with disabilities have no other transportation options so may be at further risk of isolation if ride denials occur too frequently.

Even though an "on-board trip-time" policy (/ATS, 2006) has been developed that ensures passengers will not be on a vehicle for more than seventy-five minutes, implementation of that policy is not always effective. Passengers who use DARTS may be subjected to extraordinarily long ride-times between pick-up point and destination. This often tests their limited functional abilities, such as; medication schedules, attendant care services, incontinence issues, etc. For example, as an insulin-dependent diabetic, Winnie expressed her concerns about these long ride times:

...they picked me up at St. Joseph's, went down...picked some others up...and then dropped those two off and then dropped me off and I was on the bus for over an hour...my blood sugar was low at lunch so I didn't take any insulin so it was a little on the higher side. But what if I had taken that insulin and my blood sugar had dropped while I was on that bus for an hour... what if I had gone into a diabetic coma?

Another practice that participants found frustrating was the requirement of a fifteen-minute booking window before and after the passenger's negotiated ride time. A negotiated ride time is the ride time that a passenger settles for after he/she consults with a reservationist and the two agree upon one week before the ride is to be taken. Thus, a DARTS passenger must be prepared potentially to wait thirty minutes or more if their ride is late (ATS, 2006). Participants often experienced physical challenges in regard to the thirty-minute window. Brenda shared an experience that she invariably faces when waiting for DARTS. She stated:

...I was waiting so long for DARTS that I had to go back upstairs and use the washroom. When I came downstairs to the door, there was a no-show notice on the window...I called to argue with dispatch and they told me, "You know the rules. You should have been at the door. It's your fault."

The "no-show/cancellation policy" (ATS, 2006) was another problematic rule that limited participants' social inclusion. As discussed earlier, this policy states that in a one-month period, passengers are only allowed a minimum of three no-shows (failure to cancel a ride), five cancellations or a combination of six; or forty percent of their booked rides in a month. If passengers exceed the limit, they receive a letter of interest from ATS citing them as being in violation of that policy. If a second letter is sent, the specific passenger is at risk of being

suspended from service. Participants in this study were extremely frustrated and angered by this policy. Brenda stated:

...if clients [are not] ready for the bus in five minutes...they wait for two minutes and if the clients aren't out there they take off! Then, the client is a no-show and they are in jeopardy of being taken off the service if they have too many no-shows.

Teresa also expressed frustration with this policy:

Some people may have problems with their bladder...you don't want to miss the bus. They will come while you're gone to the washroom, they will sit there for two minutes and if they don't see you there they are gone and they call in a no-show. Well it's not a no-show I was sitting right there...I had to go back in! Get out of the bus, come knock on the door, see if I'm alive or dead...

In addition to excessive ride times and difficulties getting rides, all of the interview participants gave evidence that showed another source of ATS passenger frustration. For the past few years, there has been an ongoing debate between transportation officials, city councilors and people with disabilities about low-floor versus high-floor DARTS buses. Interestingly, participants' views did not mirror the direction of this debate (toward high floor): for a variety of reasons, all seven people felt very strongly that low-floor buses were the only answer for inclusion of people with disabilities. For instance, Gina, felt that, among a myriad of reasons, riding on high-floor buses caused physical discomfort:

I called to complain about the high floor buses because they make me feel nauseous. The drivers are trying to cut corners because their time is so tight and they have to stay on schedule they don't realize how their passengers are feeling...when you're sitting in the back in a wheelchair you're bobbing back and forth because you don't have any trunk control.



The safety of riding on high-floor buses was also a concern for all interview participants. To be loaded onto a high-floor bus, passengers must wheel/ drive backwards onto a hydraulic lift with a steel mesh platform, which, when operated by the bus driver, carries the passenger up thirty-six inches to the floor level of the bus. Once aboard the bus, the passenger has no other exit point off the bus other than when the driver operates the lift to disembark passengers. Participants often expressed vulnerability about the mesh platforms, which they perceived as being flimsy, are openly exposed to poor weather conditions. If the lift breaks down or there is an accident and the lift is damaged, passengers have no way off of the bus. Wendy had great concerns about travelling on high-floor buses. She stressed:

High floor buses are a pain. So much more can go wrong with them and everybody hates them. Safety, those lifts, there's a lot more parts to break down opposed to flipping out a ramp. If there's an accident or a fire on the ramp we can't get out. It might be cheaper to buy a high floor bus at the beginning, but there are so many other hassles that you could have so it would probably end up costing more to operate a high floor bus.

Susan echoed this comment along with her own thoughts concerning the size of her wheelchair. She reported:

I prefer the low-floor bus because [loading passengers] can be done more quickly. The high floor buses take far longer and my wheelchair is too long to fit on the platform except for those telescopic ones which are ridiculous and I feel very apprehensive going up – the risk factors plus the fact that if there was an emergency, there is no real way to get us out fast...they're going to push you out the back door and if you weren't disabled before, you will be afterwards.

Interview participants were also all in agreement that all facets of ATS including HSR bus drivers, taxi drivers, DARTS bus drivers, dispatchers,

reservationists, schedulers and customer service representatives often provide service that is ill-attuned to physical challenges faced by passengers with disabilities. It is difficult to ascertain whether this is a result of staff attempting to apply the rules and policies that are not accommodating to passengers, drivers trying to meet unrealistic schedules, schedulers constructing impossible schedules in an attempt to service as many passengers as possible, carelessness or incompetence. Regardless of the reason, staff insensitivity was a common perception of the interview participants. They felt jeopardized to the point of limiting their social activities: an outcome that is completely opposite to accessible transportation's aim to include and enhance access, not to exclude and isolate. Brenda described unsympathetic driving practices that make passengers feel unsafe or ill on HSR buses. She reported:

I am extremely exhausted [when taking the city bus]. The bus drivers aren't careful...it's very scary. Sometimes the HSR ramps work, sometimes they don't, especially in the wintertime so I really can't trust it [the ramp]. We are often stuck waiting exposed to the weather while four or five buses go by because they don't want to pick a wheelchair up.

Brenda also shared an example of driving practices by DARTS drivers that caused her physical harm. She reported:

...the driver...backed hard into a... cement median. She hit it so hard that I snapped my neck and ended up in the hospital for twenty-four hours. When I went in to get x-rays, my muscles from my hips up were all inflamed...It took about ten years off my physiotherapy...I was in bed for three months and I had to give up ALL of my volunteer work.

Underlying participants' descriptions of these practical problems and barriers to using ATS was a sense that the service was ill-adapted to the

implications of their disabilities or their individual circumstances. Rather, the service positioned them as objects to be transported – as one participant noted harshly, they were “treated merely as ‘freight’”. This objectified positioning was produced by practical arrangements (organizational and physical service practices) and also attitudinally, reflecting discriminatory processes rooted in the wider culture. These social and attitudinal barriers are explored below.

### *Attitudinal Barriers*

In contemporary culture, the population of citizens to which ATS provides service experiences systemic discrimination on the basis of their disabilities. As noted in the introduction, their marginalization is attributable to social – rather than physical/ biological - processes. Unsurprisingly, participants’ experiences of ATS suggest that these wider social dynamics are embedded in the operation of the system and that, thus, a system ostensibly designed to enhance their inclusion may sometimes in fact compromise it. People with disabilities are simply making an attempt to respond to challenging transportation policies and practices in order to live their lives as ordinary citizens. Brenda noted the irony that ATS (and many other support services) intended to adapt to the needs of people with disabilities actually require them to adapt and fit into their operation:

People with disabilities are constantly adapting to new schedules and this [public transportation] is just one more new schedule that they will have to adapt to. It’s also hard for organizations to adapt to. For example, attendant care services, homemaking services, any caregiver services, nurses, any other health-care professionals etc. That’s what I call a

“wraparound service”—if it’s something that you have to adapt to then what’s the purpose?

Interview participants all experienced oppressive attitudes and practices by ATS service providers. These attitudinal barriers, along with the practical barriers already discussed, often prompted them to be vigilant and self-protective – braced against the possibility that they or their knowledge and abilities would be dismissed or disrespected. For example, Wendy noted that DARTS drivers seldom gave her credit for being independent and knowing her own capacities:

They [DARTS drivers] always make the point that I can’t carry anything on the bus that I can’t handle myself. I always tell them, with uncharacteristic tone, that I can transport it [my large piece of sports equipment] myself...I got it to and from my apartment by myself...

Brenda reported similarly being dismissed by other ATS staff: “I called ATS to complain about a driver who I thought was drinking and they wouldn’t take me seriously...” Teresa also felt frustrated by patronizing attitudes that she often encountered with ATS staff:

We [ATS passengers] don’t stand a chance...before you open your mouth to talk, they will cut you off... because someone will just jump in and say, “you don’t know what you’re talking about...” “We know what we’re doing for you”. “You don’t know, so we will tell you”.

Expressions of such patronizing attitudes did nothing to support participant’s self-sufficiency or to communicate respect. Given participants’ experiences of the culture of ATS organization and delivery, it was unsurprising that participants found it hard and disempowering to depend physically on drivers’ and staff’s good will and integrity. Brenda and Gina voiced concern that the minute they were loaded onto a high-floor DARTS bus they were, effectively,

being forced to put their physical health and safety in the hands of the DARTS driver. Gina reported:

...they [DARTS drivers] had a meeting, a formal sit-down type of meeting, where they were told by management to get me off the bus [in case of fire or accident] the easiest way they could, even if that meant to dump me off the back of the bus.

A sense of complete helplessness can result when people with disabilities have no choice in decisions that are being made on their behalf and without their input. Winnie believed that ATS staff do not listen to passengers and just do what they think is best. She shared an experience that commonly happens because she has many long trips. Rather than creating solutions to shorten her on-board trip time, ATS staff put the onus on her by telling her the obvious. She reported:

Well a lot of my concerns seem to go in one ear and out the other, especially ...the issue with me being a diabetic and going all over the city they tell me that I need to bring something with me to eat because there's no way we can get you home on time".

Utilization of the current ATS system can cause people with disabilities to feel incompetent and uninformed about themselves and their disabilities. Teresa expressed her frustration that her own knowledge and wishes were disregarded, and found ways to shore herself up:

...and we're like "excuse me, are you in my body?" That's why when I sit on committees, any committee, I bring a friend, people that I know...

Besides disregard of their knowledge and expertise, participants also described how ATS' service and organizational culture constructed some passengers or behaviours as 'difficult' or 'problematic' – labels that they felt put

them at risk. For example, Brenda felt the pressure of having to prove that she deserved service:

Another issue is that you have to always validate your reasons for doing things or for having a disability...it's a very exhausting exercise to have to constantly justify ourselves.

In addition to doubts about legitimacy of need or entitlement, participants felt that if they did not abide by the rules to the satisfaction of staff, they could be in jeopardy of service interruption or cessation. Passengers who are deemed to be problematic by ATS officials receive a letter of inquiry that uses paternal, almost accusatory language. Many passengers perceive this letter as a threat to their utilization of accessible transportation services. Of this and many other practices, Brenda observed:

It's a punitive process for the person with a disability to accommodate the system instead of the system accommodating the person with a disability- it's just wrong! The service is supposed to be in place for persons with disabilities it should be accommodating to them not them accommodating for the service.

Finally, interview participants expressed a general sense of mistrust about the transportation service provision they receive. Even though recent provincial legislation has mandated citizen advisory committees to monitor accessibility standards (and thus incorporate passengers' knowledge into service delivery), the sense of mistrust remains strong. For example, while involved in accessible transportation advocacy work, one interview participant overheard a private conversation between another committee member and two transportation officials. She was disturbed because she again felt as if the committee was

being subjected to a power imbalance “the rest of us were left out in the cold.

We weren’t privileged to these conversations”.

Participants found that attitudinal barriers existed in channels of communication among ATS staff, management and passengers that often resulted in misunderstandings. Sudden changes in ride-procedure were often not well communicated. For example, currently, there is a new message on the DARTS voicemail that states passengers are only allowed to take two bags on the bus with them – drivers will no longer help carry cargo for passengers. The implications are not thought out and the ambiguity is troubling for passengers: What happens if a passenger does not hear the message – are they denied a ride? Can a passenger only buy two bags of groceries? Brenda spoke of many instances of frustration with ATS’ communication practices:

...they put so much stuff on the answering machine when I call in to book rides that I just push zero and get the operator I don’t have time to listen to all of that stuff...It’s not very user-friendly.

Confusion results when the reservation and scheduling of rides occurs with the City and the delivery of rides occurs through DARTS – an organizational split noted earlier. Participants’ accounts suggest significant communication breakdown between booking (ATS) and delivery (DARTS). Gina also thought that communication among ATS officials leaves much to be desired. She stated:

I just wish there was more communication between the two systems...the two offices – I think that would be very beneficial.

In short, the practical and attitudinal barriers that participants experienced challenged their senses of entitlement and worth as citizens with disabilities.

One participant observed soberly: “[DARTS] buses make us feel like freight.

There’s no dignity for the passenger at all!”

### Responses to the Barriers

In response to their experiences of ATS rules, regulations and practices, participants were pressed to develop their own coping strategies. These strategies included both adapting themselves to the system and finding other solutions to their transportation needs.

Some participants reported creative ways of striving to align their needs with their knowledge of how the system worked. For example, Gina found it easier to “fib” when booking her DARTS rides for her volunteer job at the hospital so she could book a call-return when she finished for the day. She reported:

Depending on how busy it was in the hospital, I didn’t want to wait around for hours until my bus came. I didn’t want to sit around doing nothing in particular if it wasn’t busy...the next time I booked a ride I fibbed a little bit and I got busted!

Winnie will go to the door to wait for her ride well before the required fifteen minute window. She has often hurried to catch a DARTS bus just to watch the bus drive away without her. She reported:

...there was one time where I was just over five minutes late and they were leaving already, they left on me. I was down there in the five minute window and they were pulling away...they called for me but it was another hour before another bus came around...I’ve seen other drivers that wait for more than five minutes...

Similarly, I have often arrived at my pick-up location only to watch a DARTS bus leave without me and, indeed, my behaviour has changed to



accommodate DARTS' rules. At times when I have left my office close to the fifteen-minute window and have found a DARTS bus waiting, I have gone outside unprepared for the weather - without a coat or gloves - for fear the bus will leave without me and that I will be left stranded. Recently, I caught a bus on minus-seventeen degree day with no coat or gloves.

Winnie gave an example of how her behaviour changed in response to perceived violation of another new policy. Winnie had concerns when she read a new policy posted on DARTS buses, which clearly dictated that, with no exceptions, passengers' wheelchairs must be equipped with postural belts, footrests and...or they will not permitted to travel on DARTS (see Appendix 6).

Winnie thought that she should be exempt from this new rule. She stated:

I've had prosthesis now for eight and a half years and up until about a year ago, they started complaining about the two foot rests.

The no footrest rule was implemented in 2005 without first consulting ACPD. Winnie had been a passenger for nine years and has never had two footrests on her wheelchair because she has a prosthetic leg. Indeed, she began using DARTS when she lost her leg. She found it more beneficial to leave the footrest off of her chair so she could exercise her bad leg by holding it up. With the new policy and no consultation, DARTS drivers began to refuse to take her on their buses because her wheelchair only had one foot rest. Winnie reported how she managed these situations:

I will take it [her prosthesis] off and put it in my backpack or bag...it's kind of a stupid rule...I find my dispatchers won't give me any credit, even though they know about it, they still give me a hard time.

The difficulties that resulted from the practical and attitudinal barriers to service use dissuaded two study participants from going out and engaging in their desired activities – from using ATS at all. Teresa recalled the impact of being left out in the cold:

They couldn't find me! They asked me to walk to the corner where they could see me...with my prosthetic leg, in the winter-time, with a cane...I did it twice and I told myself that...I am going to stop using DARTS until they can find a better way to treat human beings.

Since this time, she has used only accessible taxis – a solution that comes at a financial cost to her. She managed the increased costs by limiting her activities, taking advantage of Taxi Scrip coupons and a heavier reliance on the good will of friends and neighbours. Teresa added:

... they really upset me because it's taking advantage of people that really, really need the help-vulnerable people...that's when I decided to buy taxi scrips. I know it's more expensive. I will use it when I have to go out...and buy two or three books. And I have friends...who just pick me up anyway and some will do my groceries. My neighbours put out my garbage or say we're going to the grocery store or wherever and...I get a wheelchair or power scooter so I can get myself to the corner store or to [the mall] or to church...but DARTS service has never satisfied me.

Even to her own detriment, Brenda also believed that accessible taxis provide a better quality, more passenger-friendly service. She stated:

Eventually, I said it's not worth the stress of using DARTS anymore. Now I just take wheelchair accessible cabs everywhere...however, wheelchair accessible cabs are not a door-to-door service anymore. They are just a curb-to-curb service-and that's a huge problem!

The resulting limitations forced her to change the way she lived and compromised her ability to work:

I was selling Avon for a while to help on my pension cheque, but I had to give that up because I couldn't just catch a [an HSR] bus in the middle of winter because nobody clears their sidewalks off.

Such accommodations to the limitations and jeopardies of ATS result in a process of privatization: finding ATS ill-adapted to their needs, passengers exit the public system and find transportation solutions privately (friends, family, private pay) or limit their social activities.

The impacts of such experiences on participants' senses of themselves and of their positioning in relation to ATS were evident in the research process as I sought to recruit participants. Most telling was some participants' anxiety that their participation would jeopardize their service. For example, Maggie wanted to be interviewed because she had gone through the official channels to communicate service delivery problems to ATS, but still felt as if she was not being heard. She had much to say, but was extremely hesitant to get involved for fear that she would be discovered by ATS management and her transportation would be negatively effected. She was terrified to meet me anywhere but a neutral location. Only after we decided to meet at a doughnut shop, did she finally agree to be interviewed. Maggie was afraid that her rides would be traced and her less than regular trip locations would be questioned. Other participants also expressed anxiety with the system and saw the interview as an opportunity to channel frustration in the hope of change.

## Ideas and Direction for Change: 'We Are Not Just Freight'

While study participants articulated many difficulties in their experience with ATS, they also spoke of ideas for improvement and of visions of a system that would more fully support their social inclusion. They expressed a range of ideas about the kind of system that would most effectively enhance their participation as full citizens. Referring to the recent ATS review, Brenda underscored the need for change:

...considering the models that they are showing us, none of them will work. the city is not prepared, DARTS is not prepared, a third party is not prepared and the fourth model just has too many hands in the pot...if you get the service right then we have no problems. However, if this is the only service model you have for people with disabilities in this community then it won't work.

Teresa echoed her emphasis on the need for another, more passenger-friendly model:

We need to look at what's out there that works for others not just look at how we can fix the current model...We need a system that brings dignity and respect to citizens with disabilities...If the current transportation problems are systemic then we need to do a major overhaul of the model. Little changes here and there are only going to emphasize what isn't working.

The complexities of the ATS organization are extremely difficult to understand. My involvement with the many committees and boards that try to reconcile the operational intricacies of ATS with the transportation needs of people with disabilities has shown me why people with disabilities are so frustrated. Through all of this work and my many years of experience as a passenger, I have been able to gain a deep understanding of ATS and I still have

difficulties in trying to direct the service to adequately meet my needs. Between a part-time job, involvement with committees and boards, medical and therapy appointments, social outings and other instrumental activities of daily living, I am often in violation of ATS' rules. Since I know the system I know how to manage any problems that may arise or circumvent any disciplinary action that may occur. However, I often have concerns for passengers who cannot speak for themselves or who – because of the vulnerability of depending on ATS – may be afraid to do so. This fear was evident during this research when Maggie did not want to be interviewed anywhere that she did not normally go in case someone at ATS was checking her transportation records.

ACPD can play a beneficial role in situations such as Maggie's, where individual passengers are afraid to speak up when they are dissatisfied with ATS. The advisory committee is in regular communication with ATS and DARTS officials and city Council. This regular contact means that transportation services for people with disabilities are challenged and learn to be more accountable and transparent to their passengers, as well as to Hamilton taxpayers. Before the formation of ACPD it was easier for these organizations to treat people paternalistically.

All seven participants in this study identified a major source of confusion as the split of duties between ATS and DARTS. Until March 2006 DARTS was responsible for all operations in providing parallel transit service delivery. The separation resulted when in 2005 the City of Hamilton hired consultants to

undertake a review of ATS to identify ways in which the current system might be improved financially, functionally and socially through variations or refinements. This study involved several analytical tasks primarily using data from ATS and peer system data including client satisfaction, governance, organizational structure financial analysis and identification of effectiveness activities. This study also involved consultation with key stakeholders such as, ACPD, DARTS, the Seniors Advisory Committee, taxi companies and applicable unions. The consultants recognized many problems with the current organizational structure of ATS, but did not believe that a major overhaul was necessary. Rather, the consultants believed that ATS needed to acquire overall administrative responsibility for all accessible transit services, both conventional and specialized. To establish clearer lines of accountability with DARTS, the consultants recommended that ATS assume responsibility for reservations and scheduling of rides. They also recommended that the delivery of rides be contracted out to DARTS. The director of transit and city Council decided to adopt this option (City of Hamilton, 2009).

The separation of the people that book and schedule accessible transportation rides and those who deliver the service has created enormous problems for passengers. Gina stated:

I just want it to run the easiest way possible. I think it would be easier if they would bring ATS and DARTS back together like it used to be. It would be great if they can work from the same office, together as a team as opposed to two different entities; that would probably help an awful lot.

In agreement, Wendy added:

I think it should all be under one umbrella. That way you're not trying to deal with a bunch of different companies, different people, the information should be coming from just one place ...everybody knows what everyone else is doing in the same building. Passengers would be able to find the assistance that they need very easily and efficiently without being pushed around from place to place and company to company.

Clearly, passengers are aware that the separation that occurred three years ago when ATS took control of reservations and schedules from DARTS has not been effective, but rather problematic.

Another issue became apparent when five of the seven interview participants strongly believed that people with disabilities need to have a stronger voice at the organizational and administrative accessible transportation tables. To reduce and hopefully eliminate the practical and attitudinal barriers that participants experienced, Susan believed that "ATS should have people with disabilities in their organization so they can have input in a service that is so important". In agreement, Teresa explained that people with disabilities should be involved to ensure that the best interests of the ridership are being represented:

...sometimes they just do stuff without even telling us. They have some kind of tokenism that they do and so they'll ask for one person to sit on the committee...What can one person do? You get three or four people on that committee... that have different forms of disability... and maybe more according to the size of the committee and then you can turn around and say "Well, we have the people that are using the service ...in a majority form, not in a tokenism form.

Currently, the DARTS' Board of Directors includes only one person with a disability, but following pressure from ACPD that board member became chair of the Nominating Committee. Subsequently, the board actively sought people with

disabilities as new board members and has now appointed another person with a disability to the board. There is now precedent that has become policy for further board member searches that actively seeks people with disabilities.

Participants also had practical suggestions to address funding constraints. ATS relies completely on funding from the City of Hamilton and cash fares from passengers. Many of their practices are limited, eliminated or just not implemented due to lack of resources, both financial and human. Many individuals in this population live on low and often fixed incomes, so increased fare prices is not an appropriate solution. This was one of the reasons why Hamilton city council recently elected to not increase DARTS fares to coincide with an increase in HSR fares. Susan had another practical idea to assist:

They don't use volunteers like they could. There's a ton of volunteers. Hamilton's like the biggest volunteer city in Canada...when I think of the number of disabled people out there who would love to have a job...

When asked to construct a wish-list for an ideal accessible transportation system, all interview participants were in agreement with the notion of “demand responsive transport” (Paratransit Watch, 2007; Brake, Nelson, & Wright, 2007; Mulley, 2007; Denmark, 1998) as the most common para-transit conception. An “on-demand” system, whereby rides could be taken when they were wanted or needed, would be the most suitable answer for increased social inclusion. Maggie stated; “an on-demand system would be the perfect answer for us - it would be like a dream”.



If an on-demand system is not possible, interview participants were willing to settle for less. They asserted the importance of transportation that required less rigid advanced planning. Brenda thought that a shorter booking time would solve some of the problems created by the current ATS system.

Even if it changes to a twenty-four hour advance booking service, or even a forty-eight hour advance booking service, I'd be more willing to deal with that instead of a whole week in advance booking service.

Winnie anticipated how an on-demand accessible transportation service would change her life: "...it would be a dream...to be able to call the day before or the day of and get a ride, anywhere I wanted!...maybe a private ride..."

Wendy echoed this sentiment: "an on -demand service would be really nice!"

In summary, the accounts of this experienced and knowledgeable sample of ATS passengers illuminate some highly problematic limitations in the current system. Its practices and its organization often fell short of supporting participant's inclusion and social participation as full and equal citizens. Their accounts also illuminate their expertise: both in negotiating and coping with the systems' shortcomings, and in their analysis of ways of it being improved. In the next section, directions for change and improvement are taken up and discussed.

## **DISCUSSION**

### **Accessible Transportation Realities**

Participants in this study identified a wide range of factors resulting from ATS practices and constraints that inhibited their desired social inclusion. Their

front line knowledge is evidence of the kinds of practical and attitudinal barriers that they face in striving to engage in their social worlds as fully entitled and contributing citizens. Embedded in their accounts are, predictably, signs of the systemic discrimination against people with disabilities that assigns the objectified status so vividly captured in one participant's sense that she was 'just freight'. Included in their accounts, too, were insights into the irony that people with disabilities must accommodate themselves to an inadequate transportation service, rather than the reverse that such services promise. The participants also pointed to ways in which the system's inadequacies pressed them to seek private solutions to their transportation needs: reliance on friends and family, paying out of their own (limited) pockets, or simply not going out. This hidden process of privatization effectively shifts the economic and human costs out of public view where they are unavailable for public discussion and understanding.

Methodologically, these textured insights affirm the value of research that takes a 'bottom up' approach (Aronson, 2003) that seeks the perspectives of those who experience social policies and practices most personally and directly. A small and growing body of literature shows that research about the development of social policy can be richly-informed by "users" of services (Beresford, 1999; Beresford and Campbell 1994). Beresford (1998) underlines the power relations that have, until recently, discounted users' knowledge and expertise and supports research that starts from their vantage points. With respect to transportation in particular, people with disabilities are qualified as

experts because they use the services on a daily basis; they know what works best and what does not work, and they know the detailed impacts of service practices and shortcomings in their own lives.

Methodologically, this study is, of course, limited by its small and self-selected sample, even as it has been able to generate valuable insights into the untapped expertise of this population. That the research focused only participants with physical disabilities and of working age limits the transferability (Lincoln and Guba, 1985) of the results to, for example, people with developmental disabilities or to seniors. As noted earlier, too, the study was based only in Hamilton so the transfer of this sample of experience to other locations requires caution. Further, these articulate study participants came forward because they had strong views about accessibility and transportation in Hamilton and, indeed, several of them had contributed to formal advisory processes in the past. They may, therefore, have been an especially critical group of passengers. However, it is evident that there is much to learn from the viewpoints of services' critics and from those who expect service accountability and transparency. Their accounts offer us a robust – rather than defeated or muted - assertion of citizenship claims.

As policies for accessible transportation are being developed in the future, it will be of great importance and benefit for policymakers to consider the viewpoints of people with disabilities. In Ontario, the implementation of the AODA (2005) is a positive development in the long-standing struggle of people with

disabilities to be recognized as equal citizens. People with disabilities have had significant input throughout the development of this legislation and the subsequent accessibility standards. The changes outlined in this Act are promising in terms of improving opportunities for inclusion of people with disabilities through equal access to the five identified areas of disability including transportation. However, now that the AODA is beginning to develop roots in society the ODA is slated to be rescinded (AODA Alliance, 2009). This may have implications for municipal advisory committees that are not also mandated in the AODA. This means that ACPD and the transportation subcommittee in Hamilton may be in jeopardy, which would be problematic because it would erase the representation of people with disabilities in monitoring transportation decisions.

The paternalistic way in which many decisions about accessible transportation have been made is embedded in the historical formation of societies discussed earlier in this paper. In Hamilton, even though ATS keeps passengers informed about policy and practice changes through a quarterly newsletter, website and voice mail, interested stakeholders in the community are rarely consulted. The last ATS passenger survey occurred in September 2006 and public consultation, initiated by ACPD, occurred in March 2007 (Quinn, 2009). Few, if any, people with visible disabilities are employed with ATS or DARTS and none sit on City Council. The provincial government mandates ACPDs, but the degree to which their recommendations to City Councils are taken seriously may be questionable and would be worth exploring. As

discussed earlier, ACPD's recommendation about which of the service delivery options would be preferred by people with disabilities was overlooked by Council.

Participants' accounts have illuminated the texture of policies and practices that deepen their exclusion. The Ontario Human Rights Commission (2001) reports that "transit services should be based on the objective of maximum integration of all persons into society...a legal obligation to provide accessible transit services". At the same time, the Commission did not impose guidelines for municipalities about how to structure their transit systems. Thus, each accessible transit system in the province operates according to its own set of policies and practices. Interview participants found the complexity of Hamilton's ATS organization difficult to manage. Participants expressed confusion about who was responsible for what service, who was in charge, the rules dictating service and with whom to file complaints; ATS or DARTS. ATS communicates to passengers, through their newsletter, to file any complaints with ATS while DARTS tells passengers to file complaints directly with their customer service representative. Passengers are, however, confused as to who hears complaints and who responds to those complaints.

According to the previous discussion on identity formation (Higgins, 1992, p. 101-105), ATS passengers' senses of self are likely to be negatively influenced by the complexities of managing their lives according to ATS' and DARTS' policies and practices. Because membership in a stigmatized group such as persons with a disability often results in confusion in identity formation,

Goffman (1963, p. 73-85) would argue that ATS passengers have developed coping strategies that are specialized to combat stigma imposed upon them through ATS policies.

### Practical Directions for Change

. In order to develop an accessible transportation system that is passenger-friendly and fully meets the needs of the community, I close with suggestions for a three-pronged approach that draws forward participants' ideas, integrating them with the literature and my own experience.

First, it is essential that people with disabilities be enabled to participate at all levels and in all dimensions of the organization of Accessible Transportation (in Ontario, that would include the ATS organization; municipal government, city administration, service administration and ACPD). Such involvement would be likely to lead to a prioritization of issues and a transportation service delivery model important to people with disabilities who must rely on and structure their lives according to systems' practices and policies. Beresford and Campbell's (1994) insights into the challenges experienced in the UK of making 'user involvement in services' real and not merely gestural can usefully inform such processes.

Secondly, this study suggests the importance of education and training aimed at enhancing staff members' understanding of and sensitivity to disability issues – from front-line to management. This could be accomplished in two

ways; through disability education and practical simulation exercises. The already legislated AODA customer service standards address education because the standards require that everyone in the public sector receive disability sensitivity training by January 2010 and in the private/not-for-profit sector by January 2012. In the absence of any formalized training programs, DARTS currently runs mandatory workshops; one specifically designed for drivers and another for inside workers (Whalman, 2009). The legislation does not give guidelines as to how the training should look so the City of Hamilton is currently developing a comprehensive program to educate all employees about disability beginning in January 2010. The taxi industry in Toronto has operated an intensive six hour disability awareness and sensitivity program that is mandatory for all taxi drivers since 1995. There is also a one-day in-car training for all drivers of wheelchair vehicles that accompanies the in-class instruction (Polluck, 2009). It is surprising that there are so few formalized disability awareness training programs because the Ontario government is providing \$1 million in funding for strategic partnership projects in the 2009/2010 calendar years under the government's EnAbling Change Partnership Program. The EnAbling Change Partnership Program assists the government to improve provincial accessibility (EnAbling Change Partnership Program, 2009).

In order to enhance understanding of how people with disabilities manage their lives and experience transportation services, an experiential approach might be useful. Administrators and front-line staff including drivers, dispatchers,

schedulers and reservationists could give up their cars for a period of time and rely solely on the ATS system, just as any regular passenger. This experiential exercise may cause non-disabled individuals to better comprehend what it means to schedule their lives according to ATS's complex set of rules and lead to a new appreciation of the ATS system. Perhaps a practical exercise such as this may encourage the development of a better para-transit delivery model.

The third way to create a passenger-friendly accessible transportation system would be through service-delivery policy changes. From my experience on ACPD and the transportation subcommittee in Hamilton, I am aware that we are pushing the city to consider and adopt an on-demand accessible transportation system. In my attempts to maintain a busy lifestyle that incorporates a part-time job, volunteer boards and committees, medical and therapy appointments and other instrumental activities of daily living I require a flexible transportation system. I know that the current ATS system does not work for everyone or fully meet the needs of the community as the HSR system is designed to do. The fore-mentioned consultant's suggestion of a family of services could incorporate an on-demand approach to service delivery in addition to a pre-booked, shared ride system, an accessible conventional transit system and an accessible taxi service, to meet the needs of all people with disabilities.

On-demand or "Demand-Responsive Transit" (DRT) systems (Paratransit Watch 2009) for people with disabilities may be a viable transportation option by implementing DRT systems within conventional transit. Even though the taxi is



perhaps the simplest form of DRT, it is too expensive for many people with disabilities who live on fixed incomes. It is challenging to provide DRT options that are comparable to the levels of quality, convenience and affordability that conventional transit provides. However, many European cities (e.g. in England, Finland, Italy, Scotland and Greece) have developed DRT systems that work. (Paratransit Watch, 2009).

In Thessaloniki, Greece, it is reported that 90% of people with disabilities did not use public transit systems due to lack of accessibility (Paratransit Watch, 2009). As a result, this city developed a DRT system based upon a successful pilot project. After the pilot, two out of three people with disabilities began to use the DRT system. This system is funded by the city and is cost effective because it uses fewer buses that are smaller:

It is possible to serve a wider area with fewer buses...there is an element of negotiation and rescheduling in creating every route the bus will take...it is the key to increase efficiency. (Paratransit Watch, 2009)

To book trips, passengers make a phone call to a call centre and the dispatcher contacts the most appropriate bus, which then picks up the passenger and delivers him/her to the desired destination. A GPS system in the vehicle enables the dispatcher in the call centre to call the most appropriate bus driver, who picks the passenger up and delivers them to their destination.

The American Paratransit Association (2009) states that increased pressures from the ADA have compelled a few American cities to implement DRT systems. Transportation providers in Ontario are beginning to experience

similar pressures as a result of the AODA. As they move forward, they may usefully consider the work of Brake, et al. (2007) who report that a recent development in transportation research has categorized DRT as a subset of a concept called Flexible Transport Services (FTS) – an idea similar to the ‘family of services’ articulated by consultants to the City of Hamilton in the past. It incorporates four types of DRT services driven by either public-policy or commercial objectives. These DRT services are classified as: Interchange transportation which provides feeder links to conventional transit; Network DRT systems, which enhance public transit by providing additional services; Destination-specific DRT systems provide service to particular destinations such as nursing homes or employment locations; and Substitution DRT whereby conventional transit systems are completely replaced instead of merely complimented. Even though current debates about FTSs rest upon financial sustainability, many US systems have found FTSs to work well if matched to markets and resources and long-term government subsidies have not been necessary (Brake et al., 2007)

Evidence about on-demand public transportation initiatives tried elsewhere suggests, then, that, even amid resource constraints, it is possible to fashion transportation systems that accommodate the priorities of citizens with disabilities and enhance their social inclusion. To stimulate such approaches and to highlight the importance of implementation of the AODA in Ontario, it is important that current service limitations and their impacts are made visible – as this

research has attempted to do. Made visible, the resulting costs and exclusions that are currently borne by people with disabilities can inform public debate and public policy.

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**Appendix 1:**  
**Taxi Scrip Coupon Book**

# TAXISCRIP

THIS WORK CONTAINS  
ONE COPY OF CO-OPERATIVE WORKING  
PUBLISHED BY CO-OPERATIVE WORKING  
SOCIETY OF CO-OPERATIVE WORKING

55 LACE  
55 LACE  
55 LACE

391964



Library

NOT TRANSMITTED BY AIR MAIL OR REGISTERED MAIL FOR POSTAL EDUCATION CASE

**Appendix 2:**  
**DARTS No-show Notice**



**DISABLED & AGED  
REGIONAL TRANSIT SYSTEM**

2200 Upper James • P.O. Box 10 • Mount Hope, ON • L0R 1W0

PASSENGER #

11777

**SORRY!**

**EITHER**

- ☐ We could not locate you for your scheduled pick-up time;

**OR**

- ☐ Your pick-up location is inaccessible.

If your pick-up and/or location was different than the information shown below,

**PLEASE NOTIFY OUR OFFICE BY CALLING  
905-529-1717 EXT. 350**

*~ Thank You ~*

PICK-UP LOCATION:		
1280 Main St. Mount Hope, ON		
NEGOTIATED TIME:		
15:00		
ARRIVAL TIME:		
14:50		
DEPARTURE TIME:		
14:58		
SITE INACCESSIBLE DUE TO:		
No show		
SCHEDULE #	DATE	TIME OF NO SHOW
19283	05/11/04	14:58

19283

**Appendix 3:**  
**ATS First Advisory Letter**

**Accessible Transportation Services**

2200 Upper James Street P.O. Box 340 Mount Hope, ON L0R 1W0

Phone: 905.528.4200 Fax: 905.679.7305

E-mail: accesstrans@hamilton.ca

Website: www.hamilton.ca/hsr

October 24, 2007

Jane Doe, ATS Registrant #\*\*\*\*\* (Stone Church Rd. E., Unit # \*\*\* Hamilton, ON

Dear ATS Registrant:

**SUBJECT: FIRST ADVISORY LETTER ABOUT THE NO-SHOW AND CANCELLATION POLICY FOR TRIPS ON DARTS - SEPTEMBER 2007 TRIPS**

The No-Show and Cancellations Policy has been in effect since August 1, 2005 for those who travel on DARTS. ATS staff have previously mailed out policy reminder letters in November and December 2005. ATS is now issuing First Advisory letters to those passengers who have exceeded the allowable limits of the Policy.

**Our records indicate that you have exceeded the maximum number of no-shows and cancellations for the month of SEPTEMBER 2007, as defined in the policy statement; this letter will serve as a First Advisory Letter to you under the Policy.**

**If you wish to appeal this decision then you or your designate must telephone an ATS Customer Service Representative within ten (10) days of the date of this letter. You can contact ATS Customer Service at (905) 529-1212, Ext. 1868, during regular ATS office hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.). The ATS Customer Service Representative, upon review and consultation with the Coordinator of ATS, will make a final determination on the appeal.**

Please be advised that should you again exceed the allowable limits of the Policy in the next twelve (12) months, then further progressive action might be undertaken, which could include a temporary suspension of service for three (3) days. **To stay within the conditions of the policy, please refer to the attached ATS-DARTS Passenger Service Bulletin (July, 2005).**

Yours truly,  
Accessible Transportation Services City of Hamilton, Transit Division



**Appendix 4:**  
**Recruitment Poster**

**ATTENTION ATS PASSENGERS**

**Do you live in the community??**

**Do you frequently use accessible transportation services?**

**Would you be willing to share your views and experiences using these services?**

**Are you between 20 and 60 years of age?**

If you answer “yes” to these questions you are invited to participate in a McMaster University research study that will examine passengers’ perspectives of their experiences with accessible transportation services in the Hamilton community. This research will involve one underwent interviews with the researcher, lasting approximately 1 hour, at a location that is convenient for you. You will be asked to share your opinions about the local accessible transportation system, your experiences in following new policies and procedures and your views about level of involvement of people with disabilities.

If you are interested in participating in this study please contact Kim Nolan by e-mail at [nolanka@mcmaster.ca](mailto:nolanka@mcmaster.ca) or telephone at (905)570-6133.

***This research is completely independent of ATS and your participation will be confidential.***

***This research has been approved by McMaster University Research Ethics Board.***

## **Interview Guide**

### **Part One**

1. How long have you been using accessible transportation in Hamilton?
2. Which mobility aids do you use on public transportation?
3. For what reasons do you use accessible transportation (work, volunteer work, school, therapy, medical)?
4. How often do you use each of the modes of accessible transportation? (DARTS Buses, taxi-SCRIP, HSR Buses)

### **Part Two**

1. Do you understand how the various components of the accessible transportation system work and who is responsible for each piece?
2. A number of new policies and changes have come into effect over the past few years that have to do with no-shows, late cancellations, call-returns etc. What do you think of these changes?
3. Can you tell me if you have had reason to utilize the complaint mechanism that has been set up by ATS? If you have, were you satisfied with the follow-up?
4. DARTS uses both a high-floor and low-floor buses. Do you prefer one type over the other, and why?
5. Do you feel that there is ample opportunity to communicate within the ATS system (passengers - administration, passengers-drivers, drivers-administration)?
6. Would you describe the DARTS/ATS system as being user-friendly? If no, why not? Do you have any suggestions for how it might be made more user-friendly?
7. Current media coverage shows that the City may take control of the DARTS contract. What is your opinion about the city's current struggle over who should run accessible transportation services in Hamilton (should operations be all in-House or all out-sourced)? Why?

**DARTS Policy**

**Effective Immediately for Health and Safety Reasons:**

**No Footrest,**

**No Postural Belt,**

**No Service,**

**No Exceptions!**