



# **Measuring physical access barriers to services: 'Snapshot' research in 4 town/city centres in Britain**

**Part One: Establishing baseline measurements**

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## **1.0 Introduction**

“It's rotten - I got fed up banking on the footpath. Access is bad and I didn't know there was a bell. Nine months it took to get a bell. When I found another bank with a ramp, [ I ] moved my account”

(Focus group member comment about the local bank)

### **1.1 Purpose of the research**

This research report, commissioned by the Disability Rights Commission (DRC) in January 2004 provides a ‘snapshot’ of current levels of physical access to premises across a range of services in 4 town/city centres in Britain. In identifying and measuring access barriers, this baseline information will also provide a baseline from which to evaluate and track actual change in physical access at the same sample of services over the coming years.

The DRC anticipates that follow up evaluation research will be undertaken in 2005 (Part Two) and 2007 (Part Three).

### **1.2 Background**

In October 2004, new duties will come into force on service providers regarding physical access for disabled people under Part III of the Disability Discrimination Act (DDA) 1995. From this date, providers of goods and services will be required to make reasonable changes to the physical features of their premises to ensure that disabled people do not find it impossible or unreasonably difficult to use their services.

The DRC launched the *Open 4 All* campaign in October 2003 to raise awareness of the new duties. For further information on Open 4 All see <http://www.drc.org.uk/open4all/>

To support the objectives of the Open 4 All campaign and to inform the on-going DRC policy work on disabled people's access to the

built environment, the DRC commissioned JMU Access Partnership (JMU) to undertake the research project. The research will also go some way towards addressing the recognised research gap on accessibility. The very limited available research evidence suggests that while physical access to buildings has improved in the last two decades, significant barriers still exist.

## **1.3 Principles underlining this research**

### **1.3.1 Social Model**

This project is informed by the social model of disability which identifies disability discrimination as a result of attitudinal, procedural and physical factors and barriers in society. Increasing the social inclusion of disabled people and allowing disabled people to more fully exercise their right to participate in society is a matter of identifying, changing and removing such barriers.

### **1.3.2 Inclusive Design**

The project aims to explore the principles of 'Inclusive Design' in considering current levels of access – that is designing an environment that can be used equally by everyone, regardless of disability, age, ethnicity or gender. These principles are suitably defined as being:

- easily used by as many people as possible without undue effort, special treatment or separation
- able to offer people the freedom to choose how they access and use it, and allow them to participate equally in all activities it may host
- able to embrace diversity and difference
- safe
- legible and predictable
- of high quality<sup>1</sup>

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<sup>1</sup> Disability Rights Commission (2003) Creating an Inclusive Environment

(Refer to Appendix 1 for further information on Inclusive Design)

## 1.4 Methodology

JMU Access Partnership, in consultation with the DRC, used the following methodology in this research project:

- Undertook a brief desktop review of access literature and research across the following sectors; health, leisure, retail and local authorities.
- Held focus groups in each town/city location comprising representatives of local disability groups, to identify the portfolio of services and premises to be audited.
- Developed an 'Access to services' audit tool, which would be used to benchmark current levels of physical access to a range of premises.
- Using the 'Access to services' audit tool, undertook 32 snapshot audits across the 4 town centre locations to identify the major physical barriers to access. These premises audited comprised large, medium and small service providers across the following service sectors: health, leisure, retail and local authorities.
- Held interviews with disabled people during the site visits to record their experiences of access barriers encountered.
- Sent short questionnaires to the 32 service providers to determine what improvements they have already made for disabled people and what has prompted this.

All participants in the research were assured of confidentiality and hence none are named in this research report. The fieldwork was undertaken between February and May 2004.

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<http://www.drc-gb.org/publicationsandreports/publicationhtml.asp?id=157&docsect=0&section=0>

### **1.4.1 Selecting the towns/cities**

The research brief stated that the sample of locations should include two English, one Welsh and one Scottish town/city. Each town/city was also to be selected according to the following categories:

- One historic city/town
- One new town/city
- One larger city
- One seaside town or one small market (rural) town

On this basis, the final sample chosen were:

- Edinburgh (Scotland) – historic city
- Cardiff Bay (Wales) – new city
- Leeds (England) – larger city
- Hitchin, Hertfordshire (England) – small market (rural) town

These locations were selected as JMU Access Partnership has offices in London, Cardiff, Edinburgh and Leeds and has established good contacts with local disability groups in each of these locations.

### **1.4.2 Selecting the services/premises to be audited**

Part One of the DRC's *Open 4 All* campaign focused on raising awareness of the October 2004 Part III DDA duties amongst service providers in the following service sectors; health, retail, local authority and leisure. The sample of premises selected aimed to mirror this cross-section of sectors, but was also informed by the information provided by local disabled people at the focus group meetings held at each location.

The services selected for auditing included a range of small, medium and large services and it was requested by the DRC that these should be 'local' in character rather than part of large, corporate, multi-site organisations.



### 1.4.3 Audit Tool

The access measurement process adopted involved a combination of technical measurements and user involvement.

**Technical measurement:** The technical measurements were based upon the good practice standards set out in British Standard 8300:2001 *Code of Practice for the design of buildings and their approaches to meet the needs of disabled people*. This guidance document is UK-wide and is largely based on ergonomic research into how a wide range of disabled people use buildings, spaces and physical features. The document is quite comprehensive, extending across a wide range of impairments and building elements. In addition, it covers issues that may fall outside the scope of Building Regulations.

**User involvement:** Every audit was undertaken with at least one local disabled person attending the site visit, to record their personal experiences of the barriers encountered. User comments was recorded and each person was asked for his or her opinion on how 'useable' each element encountered was.

The audit tool was not used to undertake a full access audit of each building but was designed to assess the major barriers to access. It concentrated on the following elements:

- Location of premises
- Type of service provider
- Service sector
- Whether large, medium or small provider
- Type of barriers encountered e.g. Car parking, approach, entrance, reception, general circulation, vertical circulation, toilets, emergency egress, staff helpfulness
- Impact of barriers
- User feedback on barriers encountered
- Access auditors comments

The audits only covered features that were under the control of the service provider, although where users also highlighted barriers outside this remit, these were also noted by the researchers.

## **2.0 Summary Literature Review**

### **2.1 Background**

The main purpose of the literature review is to provide a brief overview of the published literature on disabled peoples' access to services, with particular attention to any access literature in the following sectors: health, leisure, retail and local authorities.

The review focuses largely on technical guidance in relation to physical access for disabled people, but it also reviews guidance on access to services in general and published research on disabled peoples' experiences of access to services. The review does not attempt to cover the entire breadth of the literature on disability and access to services, but to focus on only key published documents.

### **2.2 Objectives**

- To provide an overview of current research and literature in key areas
- To inform and support the 'snapshot' measurement of physical access barriers to services
- To identify key sources of technical information on access
- To identify any gaps in knowledge, in order to inform possible future research.

### **2.3 Key Issues**

This review focuses on the following key issues:

- General Best Practice Access Guidance
- Service Providers – General Access Guidance
- Service Providers – Sector Specific Guidance
- Disabled peoples' experiences of access barriers in the built environment
- Service providers' awareness of the Disability Discrimination Act (DDA) 1995

## **2.4 Methodology**

The review is based on a search of relevant electronic search engines, as well as DRC library resources. Hand searching was also undertaken in relevant journals (e.g. Disability and Society, Access Journal, Access by Design) and discussions were held with key personnel. Researchers and policymakers in the field were also contacted. The literature search focused principally on research published in the last ten years.

## **2.5 Key Access Guidance**

The review found that there are various guidance documents that have been published with respect to the access needs of disabled people in Britain. Many guidance documents on access for disabled people were published during the 1970's and 1980's. In 1989, however, research concluded that this guidance was incomplete, in some instances contradictory and, on the whole, not based on validated research<sup>2</sup>. This prompted further research, commissioned in 1997 and 2001 by Department of the Environment, Transport and the Regions (DETR), which formed the basis for the design recommendations in British Standard (BS) 8300:2001 (discussed in 2.5.2).

### **2.5.1 Legislation and Regulation**

#### **Approved Document Part M (2004)**

In England and Wales, the access guidance underpinning the Building Regulation Part M, Approved Document Part M (ADM), was updated in 2004 to take account of the good practice guidance in BS8300: 2001.

Standards of access to new non-domestic buildings and new housing, material alterations of and extensions to existing non-domestic dwellings, and material changes of use to some non-domestic uses are determined by Part M of the Building

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<sup>2</sup> PD 6523:1989, Information on access to and movement within and around buildings and on certain facilities for disabled people.

Regulations 2000 (as amended), under the Building Act 1984. The guidance document, which sets out ways to comply with the functional requirements, is Approved Document Part M (ADM). This guidance covers access to the building, into the building, horizontal and vertical circulation, facilities and sanitary accommodation. The government has recently published a new ADM, which came into force in May 2004, 'Access to and use of buildings'. The guidance in the new ADM is considered by most to be much improved than the previous editions of ADM 'Access and facilities for disabled people'. It is based on, and is complementary to, BS8300: 2001. The aim of the new document is to foster a more inclusive approach to design by no longer referring to 'disabled people' but the needs of all people.

Until the publication of the new ADM 2004, the building profession had used the guidance in the former document 'Access and facilities for disabled people' in designing new buildings, which was recognised to have a limited scope and which also recognised that there were aspects of design that fell beyond its remit. Even in the new ADM there are elements of design that are not considered appropriate for inclusion in guidance accompanying regulation, such as the external environment and signage. For these issues, service providers are recommended to take account of other guidance documents, such as BS 8300:2001 and other good practice guides.

## **Technical Standards**

In Scotland, the Building (Scotland) Act 2002 will introduce new standards in 2005, which it is hoped will take account of BS8300: 2001. Meanwhile, the minimum access standards required by regulation are contained in the Technical Standards. BS8300: 2001 is, however applicable in Scotland as good practice guidance.

### **2.5.2 Good Practice Guidance**

#### **British Standard 8300:2001**

BS 8300:2001 'Design of buildings and their approaches to meet the needs of disabled people - Code of Practice' provides guidance on good practice in the design of domestic and non-domestic

buildings and their approaches so that they are convenient to use by disabled people. The design recommendations are based on user trials and validated desk studies.

### **Other Generic Guidance**

Other generic guides that have been published in the past decade can also be used to help design new buildings that are accessible or to assess the accessibility of existing premises. These include publications produced by key access organisations, such as:

- Centre for Accessible Environments 'Access Audits: a guide and checklists for appraising the accessibility of public buildings for disabled users' (1999) & 'Designing for Accessibility' (2004)
- Barker, P, Barrick, J, Wilson, R (Royal National Institute of the Blind) 'Building Sight' (1995)
- Bright, K; Sawyer, A 'The Access Manual: Auditing and Managing Inclusive Built Environments' (2003)
- Bright, K; Flanagan, S; Embleton, J; Selbekk, L; Cook, G 'Buildings for all to use - improving the accessibility of public buildings and environments' (2004)
- English Heritage 'Easy Access to Historic Buildings' (2004)
- CADW 'Overcoming the Barriers – Providing Physical Access to Historic Buildings' (2002)
- Historic Scotland 'Access to the Built Heritage – Technical Advice Note 7' (1996)

### **Other Specific Guidance**

Specific guides are also available in the specialist areas of signage and colour and tonal contrast. The 'Sign Design Guide' published by JMU Access Partnership and the Sign Design Society in 1999, is guidance on good practice in sign design, which will enable everyone, including visually impaired people, to have better access to information for way-finding and orientation. Further research in this area led to the production in 2003 of 'Good Signs – Improving Signs for People with a Learning Disability', by the DRC <sup>3</sup>.

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<sup>3</sup> Disability Rights Commission (2003) Good Signs – Improving Signs for People with a Learning Disability <http://www.drc-gb.org/publicationsandreports/publicationhtml.asp?id=258&docsect=0&section=0>

The Research Group for Inclusive Environments undertook research in the late 1990s at the University of Reading, in association with JMU Access Partnership and ICI Paints. This assessed designs, which are attractive but also provide sufficient colour contrast to assist people with low vision to orientate themselves. The findings from this research are available in a publication by Bright, Cook and Harris entitled 'Colour, contrast and perception'. Based on these findings, a design guide was also produced which is available on CD ROM from ICI Paints 'Colour and Contrast – a design guide for the use of colour and contrast to improve the built environment for visually impaired people'.

It has also been recognised in the literature that gaps still exist and further research is required into specific areas such as colour and luminance contrast, opening forces for door and window furniture and travel distances from workstations to accessible toilets.

## **2.6 Service Provider/Sector Specific Guidance**

### **2.6.1 General Guidance for Service Providers**

In order that providers of goods, facilities or services understand their duties under Part III of the Disability Discrimination Act (DDA) 1995, the DRC produced a Code of Practice<sup>4</sup>. This Code gives practical guidance on how to prevent discrimination against disabled people in accessing services or premises. The DRC has also produced an information guide, targeted at service providers, outlining the 2004 duties under Part III of the DDA entitled '2004 – What it means to you – a guide for service providers'<sup>5</sup>.

Given that some 99 per cent of the estimated 3.8 million business enterprises in the UK are small and medium-sized enterprises

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<sup>4</sup> Disability Rights Commission (2002) Code of Practice Rights of Access Goods, Facilities and Premises, London: The Stationery Office  
<http://www.drc-gb.org/open4all/publications/publicationdetails.asp?id=223&section=>

<sup>5</sup> Disability Rights Commission (2003) '2004 - What it means to you - a guide for service providers' (code SP7), DRC  
<http://www.drc-gb.org/open4all/publications/publicationdetails.asp?id=148&section=>

(SMEs)<sup>6</sup>, the DRC have produced a practical guide aimed at this audience called 'Making Access to Goods and Services Easier for Disabled Customers: A Practical Guide for Small Businesses and Other Service Providers'<sup>7</sup>.

Other good practice guides available, which provide practical guidance for service providers in meeting the access requirements of the DDA, include:

- Butterworths Tolley Law Series 'Disabled access to facilities – A practical and comprehensive guide to a service provider's duties under Part III (2004) of the DDA 1995',
- K Bright 'Disability: Making Buildings Accessible' (2002) and Bright et al's interactive CD-ROM 'Inclusive buildings – designing and managing an accessible environment' (2001).
- The Employers' Forum on Disability (EFD) has also produced their own 'Customer Action Files' and a publication entitled 'Open for Business – taking the risk out of 2004'<sup>8</sup> to assist understanding of the law, highlight priority areas and help put a strategy in place to encourage best practice in service provision.

## 2.6.2 Health Sector Guidance

This review found that the National Health Service (NHS), as the main provider of health care in the UK, has produced a number of documents in relation to accessibility. These cover physical access to premises, communicating with disabled people and research into implementing the DDA duties.

### Physical access to premises

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<sup>6</sup> Office for National Statistics (ONS) (2003) 'Statistical Press Release 03/92', DTI

<http://www.sbs.gov.uk/content/analytical/statistics/pressreleasesmestats.pdf>

<sup>7</sup> Disability Rights Commission (2004) 'Making Access to Goods and Services Easier for Disabled Customers: A Practical Guide for Small Businesses and Other Service Providers' (code SP5), DRC.

<http://www.drc->

[gb.org/open4all/publications/publicationdetails.asp?id=318&section=](http://www.drc-)

<sup>8</sup> Employers Forum on Disability 'Customer Action Files 1-3'

<http://www.employers-forum.co.uk/www/guests/publications/pub6.htm>

- The key publication for health service providers, in terms of physical access to their services, is 'Access to Health Service Premises: Audit Checklist' (1998). This is an access audit checklist developed to enable all health service providers to audit the physical accessibility of their premises.
- 'Wayfinding: Guidance for healthcare facilities' (1999) - guidance for assessing and improving wayfinding systems at existing healthcare sites,

NHS Estates has also produced:

- 'Disability Access' Healthcare Facilities Note (HFN) 14 (1996)
- 'Car Parking' HFN 21 (1996)
- 'Access Audits of Primary Healthcare Facilities' HFN 20 (1997)
- 'The Design of Residential Care and Nursing Homes for Older People' HFN 19 (1998)

### **Communicating with disabled people**

- 'Doubly Disabled: Equality for disabled people in the new NHS, Access to Services' (1999). This guide is to help NHS staff improve their awareness of, and response to, the needs of disabled people.

### **Research into implementing the DDA duties**

- 'Implementing Section 21 of the Disability Discrimination Act 1995 Across the NHS' (1999). This is a piece of research looking into the physical barriers, which make it impossible or unreasonably difficult for disabled people to effectively access care provision and the estimated cost of removing all these barriers.

### **Other Guidance**

In Scotland, the Scottish Human Services (SHS) Trust has produced a report entitled 'Improving disabled people's access to health provision' (2003) one section of which considers the physical environment. Furthermore, the Scottish Executive Health



Department (SEHD) and the DRC are working on a project, which extends the 'Fair For All' Scheme to include disability.

Useful guidance is also available in the DRC article 'Countdown to October 2004 - are you ready for new disability access duties?'<sup>9</sup>

### **2.6.3 Leisure Sector Guidance**

The leisure sector covers a wide range of activities, therefore, services, which may be included in this sector, are varied and open to interpretation. The scope of the review included activities that could be considered the most common forms of leisure activity including use of a building such as bars and restaurants, arts venues, museums and libraries, cinema, sports facilities. The availability of access guidelines within this sector was varied being scarce in some areas, for example pubs, whilst plentiful in others, for example museums and libraries.

For pubs, the guidance found was 'Disability Discrimination Act 1995 – Guidance Note 2: Duties for Services Providers' (2000) produced by the British Beer and Pub Association.

For restaurants, British Hospitality Industry in association with IndividuALL, the organisation set up by the hospitality industry to provide practical advice on disability issues throughout the leisure industry, have produced 'Welcoming Disabled Guests; Disability Discrimination Act - New Training CD-ROM to Assist Hospitality Managers' (2001).

'Attitude is everything: improving disabled people's access to live music' (2004) is a booklet by Artsline. This includes practical guidance, contact details for manufacturers, organisations and key publications to address access issues at music venues and festivals.

'Talking Images: Museums, galleries and heritage sites: improving access for blind and partially sighted people' (2003) produced by Royal National Institute of the Blind (RNIB), offers information on

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<sup>9</sup> Disability Rights Commission (2004) Countdown to October 2004 - are you ready for new disability access duties? <http://www.drc-gb.org/open4all/service/health.asp>

how to improve access for blind and visually impaired people. This covers areas such as planning, service delivery and evaluation of service.

The Council for Museums, Archives and Libraries has produced a number of very good guidance documents, which cover a wide range of issues on disabled people accessing their services.

- 'The Disability Portfolio' (2003) - a collection of 12 guides on how best to meet the needs of disabled people as users of museums, archives and libraries.
- 'The Disability Directory' (2001) - guidance for museums and galleries on how to improve their services for all disabled people.
- 'Database for museums, archives and libraries' - an online access to a database of 200 trainers, auditors and consultants specialising in disability issues.
- 'Library Services for Visually Impaired People: A Manual of Best Practice' (2001)
- 'Access to Museums, Archives and Libraries for Disabled Users: Self-Assessment Toolkit 1' - a self-assessment toolkit, which is intended to help improve access for disabled people.

'Access for disabled people to arts premises – the journey sequence' (2003), produced by Wycliffe Noble and Geoffrey Lord, presents examples of access for disabled people to cinemas, theatres, concert halls, opera houses and museums.

The Cinema Exhibitors Association has updated 'Best Practice Guidelines for the Provisions of Services to Disabled Customers and the Employment of Disabled People' (2002).

The Football Association has produced an in-house guidance document, 'A Management Guide for Football Clubs' (2003). The aim of the guide is to ensure that disabled customers have equal access to and enjoyment of club facilities.

Sport England has produced 'Access for Disabled People: Design Guidance Note' (2002) which offers advice on how to design new sports buildings and how to adapt or alter existing buildings in terms of access.

## 2.6.4 Retail Sector Guidance

This literature search found few access guides specifically written for the retail sector. One of the few was DRC and DfEE's 'Bringing the DDA to Life for Small Shops: improving access to goods and services for disabled customers' (2000). This is a series of four booklets with information for service providers about the DDA and each featuring a case study of a small business: Hairdressing salon, Café, Newsagents and Clothes shop.<sup>10</sup>

Equivalent guidance is also available for larger retail organisations, including the recently published Disability Rights Commission (2004) 'Making Your Business Open 4 All: A strategic approach for large businesses to the Disability Discrimination Act Part III'<sup>11</sup>. It is intended to provide a strategic overview of the key considerations and is not a definitive guide to the legislation itself<sup>12</sup>.

The British Retail Consortium (BRC) has produced general guidance on legislation for retailers which is available on their website [http://www.brc.org.uk/brctrading/publications\\_guides.htm](http://www.brc.org.uk/brctrading/publications_guides.htm). This covers briefly what the legislation and duties are and what types of physical alterations may be required. The BRC are working with the Disability Rights Commission (DRC) on a guide to be issued in Spring 2004. This will provide retailers with specific and user friendly guidance on they can comply with the access provisions of the DDA.

Other guidance available tended to be split into different types of providers in the retail sector, for example, British Bankers Association 'Implementing Part III of the DDA: BBA guidance on banks' responsibility to their disabled customers from October 1999' (1999) and 'A design guide: access and facilities for people with disabilities' by the Post Office (1998).

The larger retail organisations, for example Marks and Spencer and B & Q, have developed their own access guidance. 'Disability

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<sup>10</sup> Available from DRC Open 4 All Website <http://www.drc-gb.org/open4all/publications/publications.asp?startRow=11>

<sup>11</sup> Disability Rights Commission (2004) 'Making Your Business Open 4 All: A strategic approach for large businesses to the Disability Discrimination Act Part III, DRC. Available from the DRC Helpline.

<sup>12</sup> This document uses case studies of large retail premises but is also aimed more generically at other large businesses

Awareness Advice Manual' by DisabledGo<sup>13</sup> and Marks and Spencer is a manual intended to provide a brief introduction to raising disability awareness.

### 2.6.5 Local Authority Guidance

Until recently there was no general guidance for local authorities on how to implement disability equality within local authority services. However, some authorities had produced best practice guidance for themselves, for example, 'Access and mobility', has been developed by the City of Liverpool and the metropolitan boroughs of Wirral, St. Helens, Knowsley and Sefton, together with Merseytravel and Salford University Research Focus on Accessible Environments (SURFACE). This is an internet resource on access to the built environment containing the Code of Practice on Access and Mobility and features factsheets with design guidance, annotated diagrams and textual descriptions. (For further information visit the website [www.accesscode.info](http://www.accesscode.info))

'Accessible London: Achieving an inclusive environment'<sup>14</sup>, is Supplementary Planning Guidance (SPG) to accompany the London Plan<sup>15</sup>. Produced by the Greater London Authority (GLA), this provides detailed guidance on the policies in the London Plan, which promote inclusive design and access to the built environment for disabled people, including policies on accessible housing.

The Local Government Authority and the DRC recently developed 'Access to Services: disability equality in local government' (2004) based on existing effective practice demonstrated by some authorities<sup>16</sup>.

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<sup>13</sup> [www.disabledgo.info](http://www.disabledgo.info)

<sup>14</sup> Greater London Authority (2004) 'Accessible London: Achieving an Inclusive Environment Supplementary Planning Guidance'

[http://www.london.gov.uk/mayor/strategies/sds/accessible\\_london.jsp](http://www.london.gov.uk/mayor/strategies/sds/accessible_london.jsp)

<sup>15</sup> Greater London Authority (2004) 'The London Plan: Spatial Development Strategy for Greater London'

[http://www.london.gov.uk/mayor/strategies/sds/london\\_plan\\_download.jsp](http://www.london.gov.uk/mayor/strategies/sds/london_plan_download.jsp)

<sup>16</sup> Local Government Association and Disability Rights Commission (2003) 'Access to services: disability equality in local government' Available from LG Connect

Statutory guidance in relation to inclusive design is set out by The Office of the Deputy Prime Minister in the publication 'Planning and Access for Disabled People' (2003) and by The Disabled Persons Transport Advisory Committee in 'Inclusive Projects: a guide to best practice on preparing and delivering project briefs to secure access' (2003).

## **2.7 Disabled people's experiences of access barriers in the built environment**

This section provides a brief overview of recent research on disabled people's experiences of access to services.

### **2.7.1 Types of barriers experienced**

The 2001 ONS Omnibus survey – published by the Department of Work and Pensions (DWP) presented data on the experiences of disabled people in accessing a range of services in Britain, particularly in accessing health care and local authority services. Overall, the study shows that disabled people experience significant barriers in using services in Britain with;

- one in four (26%) disabled adults reported difficulties accessing services, such as shopping, going to the cinema, concerts or eating in a restaurant;
- one in ten (9%) said they experienced difficulties accessing private services, such as arranging insurance, using a bank or a building society, or booking hotel accommodation.

One of the most common barriers reported by disabled people in accessing services was transport to the service, but respondents also experienced difficulties gaining access to services, 'getting around once there', and due to lack of facilities.

Another recent DWP research report on experiences of disability in Britain<sup>17</sup>, found that one in five of the survey respondents experienced difficulties accessing goods and services and most of them said that these problems were directly related to their disability. The main types of physical barriers encountered included lack of wheelchair ramps, narrow doorways, lack of accessible toilets, no lifts, and restricted space between aisles in shops.

A recent NOP survey<sup>18</sup> on behalf of the DRC found that 7 in 10 disabled people with mobility and sensory impairments in Britain say that they have difficulty in accessing goods and services. The survey reported that the factors most likely to cause difficulty for disabled people are: steps at the entrance of the building, heavy external/internal doors, use of disabled parking by non-disabled customers, no lifts or lack of accessible toilets.

Other research looking at disabled people's experiences of access barriers include:

- 'Are you being served?' by Capability Scotland, a mystery shopper exercise carried out in 2003<sup>19</sup>
- SCOPE's 'Left Out' survey<sup>20</sup> carried out by disabled campaigners in 1999 involved grassroots research on access to service provision in Britain.
- Leonard Cheshire's report 'Inclusive Citizenship' carried out in 2003 which looks at disabled people's exclusion from primary health care services.<sup>21</sup>

## **2.8 Service providers' awareness of the DDA**

The most recent research<sup>22</sup> on service providers' awareness and responses to the provisions of the DDA is provided in a report

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<sup>17</sup> DWP Research Report No. 173 (2002) Disabled for Life? Attitudes towards and experiences of, disability in Britain p.180-1

<sup>18</sup> DRC (2003) NOP Survey on disabled peoples' experiences of physical access to goods and services in Britain.

<sup>19</sup> Capability Scotland (2003) Are you being Served? Research Into how prepared Scotland towns and cities are for new customer legislation in 2004

<sup>20</sup> Morris, Gwilym and James Ford (1999) Left Out: Disabled people's access to goods and services in Britain, SCOPE.

<sup>21</sup> Leonard Cheshire (2002) Inclusive Citizenship

commissioned by DWP . The fieldwork for this study was carried out between January and June 2003.

Some of the key findings from this research are outlined below:

- Overall, service providers' levels of awareness of Part III of the DDA varied. When asked whether they were aware of any laws that give rights to customers with disabilities, only five per cent of service providers know the DDA spontaneously by name. Some 22 per cent were aware of the existence of legislation but were unable to recall the name. In summary, some 70 per cent of service providers were not (spontaneously) aware of any laws that give rights to disabled customers.<sup>23</sup>
- The larger the organisation the more likely they were to be aware of Part III of the DDA.
- Knowledge of the DDA also tended to depend on an individual's role within the organisation. For example, customer service specialists and policy advisors were most likely to be aware of the Act, including its requirements for reasonable adjustments and the 2004 changes. However, local /front line staff appeared to have less knowledge of the Act and its requirements.<sup>24</sup>

## **2.9 Key points from summary literature review**

This brief literature review has considered the published literature available for service providers on their obligations in relation to the Disability Discrimination Act, with particular focus on making 'reasonable adjustments' in relation to the physical features of their premises to overcome physical barriers to access. The review shows that:

- Overall, the literature on guidance in relation to physical access for disabled people is varied amongst the different service sectors.

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<sup>22</sup> Heaver et al (2004) Employers' and Service Providers' Responses to the DDA in 2003 and preparation for 2004 changes, commissioned by DWP

<sup>23</sup> Ibid. p. 77

<sup>24</sup> Employers and Service providers p. 81.

- Some sectors, for example the health sector, and areas of the leisure sector, such as museums and libraries and the art and culture services, have produced good information and more technical guidance in relation to Part III of the DDA.
- Other sectors, particularly the retail sector and some areas of the leisure sector seem to be approaching the October 2004 duty in a less strategic manner as indicated by the availability of only brief, general guidance.
- There are areas of the leisure sector that has produced little or no guidance, such as pubs and restaurants. Their published guidance relates more to general issues of staff awareness and improved customer service rather than addressing reasonable adjustments to physical barriers or producing technical guidance on access.
- From the available published guidance, it appears to be the larger retail organisations (e.g. Marks & Spencer, B & Q, the Post Office) that have taken a more systematic approach to addressing physical adjustments i.e. producing their own guidance on this issue.
- Available research indicates that knowledge of the forthcoming changes to the DDA remains low amongst service providers, particularly among small businesses in the private sector.
- The limited research evidence on disabled people's experiences of access to services suggests that significant physical barriers still exist and continue to have a serious impact on disabled people's day to day lives.



## **3.0 Key findings from the focus groups**

### **3.1 Introduction**

This chapter summarises the key findings from four focus groups carried out in the 4 towns/cities during March and April 2004.

The sample of premises to be audited were chosen by the focus group and this was the main purpose of the group meeting; however, valuable information was also gained from the groups on their experiences of access to services in their locality.

### **3.2 Group Composition**

Local disability and access groups, disability organisations and access officers, were invited to join the group. The participants were of both genders and represented a wide cross-section of age groups and impairments, including; wheelchair users, people with visual impairments, people with hearing impairments, people who are Deaf, people with a learning difficulty, people with mental health issues and people with mobility impairments.

The number of people who participated in each focus group ranged from: 8 in Hitchin; 7 in Leeds; 7 in Cardiff Bay; to, 3 in Edinburgh. The group was smaller in Edinburgh due to the limited resources of people who would have liked to participate, even with rearrangement of dates.

## **3.3 Key issues raised during the focus groups**

### **3.3.1 Reasons for premises being chosen**

The focus groups were asked to choose a sample of small, medium and large premises/buildings which would be representative of the different service sectors (health, local authority premises, retail and leisure) within their locality. It was also important that the premises identified would be, where

possible, local in character rather than corporate, multi-site organisations.

It became apparent that one important criterion for selecting premises was participants' experiences of poor access to premises. This was particularly the case for the Leeds and Edinburgh focus groups. The access barriers experienced included:

- Premises with stepped entrances

"The steps, we have been trying to do something about them for a long time. I can't see wheelchair users going up those steps. No-one seems to have noticed."

(Focus group member comment about the local library)

- Poor management of accessible features

Focus groups highlighted that in some instances accessible facilities were provided by service providers but were not useable due to poor management, for example, accessible toilets used as a storage facility, boxes blocking the route, etc.

"Quite good facility when it was built with a side door and a ramp. When it was built it wasn't being used very much so they thought they would put boxes there."

(Focus group member comment about a local health centre)

"There were two changing rooms, they were small but they were disabled<sup>25</sup> [*sic*] but they were always full of buckets and mops and swimming things so we stopped going there."

(Focus group member comment on the local swimming baths)

Although a number of premises were selected due to the participants' personal experience of poor access, the groups also selected services for the following reasons:

- To monitor accessibility in planned renovation of premises

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<sup>25</sup> From the transcription and intonation of the focus group member 'disabled' in this context is understood to mean an accessible changing room facility.

“Refurbishment planned. Lot of work. Good to see if they included disabled facilities.”

(Focus group member comment about the local town hall)

- Services which are frequently used by disabled people

For example, the focus group members suggested selection of the ‘Eye Pavilion’ (eye hospital) because of the high number of local visually impaired people (who are registered blind or partially sighted) that regularly use this building.

- Limited provision of premises of that service/size in the area

For example, there was an acknowledgement that there were a limited number of health buildings within the historic fabric of Edinburgh and within Cardiff Bay there were a limited number of local authority premises.

- Popular service providers

“The record shops in town.... A lot of young people wanting to access them but they can’t do that.”

(Focus group member comment about the local record stores)

### **3.3.2 Experiences of Access Barriers**

The focus group discussions also provided an insight into the kinds of access barriers that disabled people face in their day to day lives and how disabled people experience those barriers. Some of the most common barriers experienced through the different locations were:

- Heavy doors

“I went there for evening learning classes unfortunately the entrance is very, very difficult for wheelchairs because of these fire doors it is very heavy. And you have got to wait for someone to come and help you. And I said I am going to stop coming until you get them seen to.”

(Focus group member comment about a local authority premises)

- Having to wait for assistance to get in

- Parking

“Parking is a very big problem everywhere. I went there to go to a concert and I couldn’t park.”

(Leeds focus group member)

- Lack of space for wheelchairs in circulation routes
- Lifts too small
- No highlighting on steps
- Service provided on a level not able to access
- Poor Signage

“My niece was in a concert in there and I went to watch her and getting out was really difficult ‘cause the signage was quite poor.”

(Focus group member comment about the local town hall)

### **3.3.3 Key issues for each locality**

Focus groups identified specific barriers to their local town/city:

- Leeds

Parking and accessible public transport was problematic for many of the members. Finding available accessible car parking was an issue at the majority of buildings. Even at evening time when the city centre was less busy, accessible bays were not available.

- Hitchin

There was a consensus among focus group members that GP and dentist surgeries were the most inaccessible. It was also felt that the more modern type of buildings provided better access but were still not perfect.

- Cardiff Bay

Transport to the area was the biggest barrier because of its location just outside of the city centre. Members felt that

accessible transport links had not yet been satisfactorily addressed.

- Edinburgh  
Lack of facilities for wheelchair users was a recurring theme during discussions for this group.

### **3.3.4 Other Issues Raised**

The following issues, which are outside the scope of this research project, were also highlighted by the groups as being important in their experience of access to services;

- Feelings of frustration and dissatisfaction as a result of barriers
- Transport and the pedestrian environment
- Service providers' lack of disability awareness
- Communication barriers, especially for British Sign Language (BSL) users and people with hearing impairments

“To me fully accessible means that people use sign language. If you have a receptionist who can't communicate, to me, that means that those services aren't accessible”  
(Cardiff focus group member)

## **3.4 Focus Group Involvement in Audits**

Focus group participants and also users from disability organisations were asked if they would accompany the JMU auditor during each of the site visits to comment on the access barriers encountered. The number of users who participated ranged from one to six people. The comments of each user were recorded as a variable during each site visit and were reported in the audit findings.

## **4.0 Main findings from audits**

### **4.1 Introduction**

This section summarises the key findings from the benchmarking 'access to services' audits, which were carried out between April and May 2004.

A benchmarking audit was undertaken at each of the selected 32 premises (identified at the focus group meetings) across the 4 towns/cities – Leeds, Edinburgh, Hitchin and Cardiff Bay. A total of 8 audits were carried out in each town centre location. The audits were not a full access audit of the entire building but instead a bespoke 'Access to services' audit, designed by JMU Access Partnership to highlight the major barriers to access for one chosen route to that service.

The data recorded during the audits are the basis of the baseline measurement on access, which will be used as a basis for comparison when the audits are repeated in the follow up stages of the research.

#### **4.1.1 Audit Tool**

An 'access to services' audit tool was designed by JMU Access Partnership and used to record both technical measures of barriers to access (considered against BS8300: 2001) and users comments and feedback on-site of experiences encountered. A template of the questions considered on-site is included as Appendix 2. Both the technical and user elements helped identify the current accessibility of the specific services being audited.

The data was collected in a written format on-site by a trained access consultant and then transferred to an Excel spreadsheet which contained a work-sheet on each of the following broad areas:

- Introduction (general information about the premises)
- Car Parking
- Approach

- Entrance
- Reception
- General Circulation
- Vertical Circulation
- Toilets
- Emergency Egress
- General Staff Attitudes/Helpfulness
- Miscellaneous (other useful information)

The service provider's details collected during the research are confidential to the DRC and all findings are thus anonymised throughout this report.

#### **4.1.2 Services Audited**

The audits comprised a selection of small, medium and large service providers across four service sectors; health, leisure, retail and local authority. Audits were limited to features that are under the control of the service provider, although barriers outside this remit which users highlighted were noted.

#### **4.1.3 Presentation of findings**

The data collected during the audits (and recorded in the spreadsheet) is presented and analysed throughout this chapter as follows:

- By location (section 4.2)
- By sector (section 4.3)
- By size (section 4.4)
- By building feature (section 4.5)

The analysis in the text is supported by a series of tabulations that summarise the key findings.

## **4.2 Analysis by Location**

### **4.2.1 Edinburgh**

The city of Edinburgh was chosen for inclusion in the research as it is a major and historic city in Scotland, and as such it could highlight access to services delivered from listed buildings/historic premises. Edinburgh's old and new town are also World Heritage Sites. All buildings chosen by the Edinburgh focus group, except one, had listed status, 5 of these were Category A.

#### **Accessible car parking**

Of the 8 buildings selected in Edinburgh, only 1 had car parking provided by the service provider. However no accessible car parking spaces were provided. Of the remaining 7 premises, only 3 had car parking which was provided nearby (but was outside of the service provider's control). All 3 had accessible spaces but none of these were to specification.

#### **Approach to premises**

On the approach to each premises, the users commented on obstacles and barriers within the pedestrian environment such as dropped kerbs, cobbles, parked vehicles, benches and 'A' boards. These issues are outside the control of the service provider but were noted as barriers to accessing the service even before reaching the building.

#### **Entrances**

Four entrances had a stepped threshold with no ramp and 2 of these had no alternative entrance. Five out of 8 premises had heavy doors and although 2 of these had an alternative entrance, the route from the alternative entrance to the first point of contact was not considered equal to that from the main entrance. Also, one user considered one of the alternative entrances:

"Difficult to use independently, without assistance."  
(User comment about a leisure facility)

#### **Reception**



At the reception desks, only 2 premises had a low-level counter no higher than 760mm. Five premises did not have an induction loop, but 2 receptionists stated that they were fluent and competent at British Sign Language (BSL).

It was significant to note that reception staff at 3 premises had received Disability Equality Training and these were the same 3 premises that stated they were aware of a disability evacuation plan.

### **Circulation**

Non-provision of appropriate signage to key facilities was a barrier in 7 out of 8 of the properties and furthermore 6 properties did not have even and glare-free lighting in general circulation areas.

Half of the premises had internal doors, which were less than 750mm wide. For those buildings that had more than one level, from which a service was provided (7), 5 had lift access, although, none of the lifts provided were to specification. Consequently, 2 of the premises had stepped access only to key areas.

### **Accessible toilets**

Accessible toilet facilities were provided in 4 of the buildings but 2 of these, the users reported as “Not useable” and another 1 of these was used as storage.

### **Miscellaneous**

There were no visual fire alarms in any of the premises and only 2 fire routes were level/ramped. However, users did report that staff were generally helpful.

## **4.2.2 Cardiff Bay**

Cardiff Bay was chosen for inclusion in the research as it is representative of a new development and can highlight access to services within recently built premises.

The redevelopment of the docks area of South Cardiff, 1.2 miles from the city centre, began in 1987. One of the aims and objectives set for the regeneration of Cardiff Bay included:

- To achieve the highest standard of design and quality in all types of investment.

### **Accessible Car Parking**

Three of the 8 buildings audited, had their own car parking provided and all had accessible car parking spaces although they were not to specification.

“Good size car parking. A lot, very good.”  
(User comment about a leisure facility)

“Fine, pleased. Like it, flat, plenty of space.”  
(User comment about a leisure facility)

### **Entrance**

Seven of the 8 premises had level access at the threshold although 3 had doors which were heavy to open. The users commented on poor identification of the entrances and at 1 building a visually impaired user had a near accident with her fingers getting trapped in the revolving doors:

“Barbara (name changed) nearly had an accident on the revolving doors. She was feeling for the entrance and someone was coming out so the door moved around and nearly caught her fingers. She said that has happened before.”  
(Cardiff auditor’s comments about a user)

At this particular building an alternative automatic entrance was provided but staff at reception have to acknowledge/hear bell to press open the double entrance doors.

“How would staff know if visually impaired people needed assistance if had no dog or cane.”  
(Cardiff user comment about a local authority facility)

### **Reception**

Only 2 buildings had a low-level counter and none had an induction loop. Only 2 receptionists had received Disability Equality Training.

## **Circulation**

Non-provision of appropriate signage to key facilities was a barrier in 5 out of 8 of the properties and furthermore 7 properties did not have even and glare-free lighting in general circulation areas.

Five of the 8 buildings had their service provided on more than one level but all of these had either lift or platform lift access as well as steps. However, 2 of the lifts were not to specification and 1 of the platform lifts was not working. The users reported that the vertical circulation in all premises was “useable with many problems”.

## **Accessible Toilets**

All of the buildings had an accessible toilet, although in each facility there was a particular feature (such as size, levels of lighting, inappropriate emergency alarm system, flush not on transfer side) that was not to specification.

### **4.2.3 Hitchin**

Hitchin is a medieval market town in North Hertfordshire. The location was selected as an example of a small market town containing many small and old buildings. The town has a number of Georgian and Tudor buildings and listed buildings.

## **Accessible Car Parking**

Four of the 8 service providers provided car parking however, only 2 of these provided accessible parking spaces and none of these were to specification. The users commented on mis-use of these limited spaces by non-blue badge holders and delivery vehicles.

“Disabled spaces full usually with delivery vehicles. No traffic wardens. Illegal parking not enforced due to people getting off on technicality of improper signage. Evenings are worse when parking restrictions lifted after 18:00.”

(User comment about a retail facility)

“Be alright if only badge holders use them. If you want to come on Saturday forget it.”

(User comment about a leisure facility)

### **Entrance**

Half of the buildings (4) have stepped access at the threshold; 3 of these do not have a ramp, whereas 1 has a portable ramp. To further hinder access, the same 3 buildings without ramped access, have manual entrance doors, which are considered very heavy and are less than 800mm width. In fact, 5 out of the 8 premises have heavy or very heavy entrance doors. No automatic doors were provided in any of the premises.

“Portable ramp is difficult for staff - I feel guilty requesting its erection. They need serious health and safety training.” (User comment about a retail facility)

### **Reception**

Only 1 service provider had a low-level reception counter only 1 had an induction loop. None of the receptionists had received any disability equality training and only 1 was aware of a disability evacuation plan.

### **Accessible Toilets**

None of the properties were considered to have appropriate signage to key facilities. Only 2 of the premises had accessible toilets, even though 5 of the premises had non-adapted toilets provided. One of the accessible toilets was poorly managed, it was via ‘key access’ and was considered to have “many problems” by the users, these included poor signage, key access made it difficult to use, the door handle too high and it had poor lighting.

### **Circulation**

Three of the buildings had a service provided on more than one level but only one of these had a lift. One service provider stated however that all services provided on upper floor could be provided on the ground floor.

#### **4.2.4 Leeds**

The city of Leeds was chosen for inclusion in the research as it is a large, growing city in North England, and as such it could highlight access to services delivered from a variety of premises. Much of Leeds' heritage has been recently restored alongside the growth of new developments.

### **Car Parking**

Three service providers had their own car parking and 2 of these provided accessible spaces but these were not to specification.

### **Approach & entrance**

Three premises had ramps on the approach to their buildings and 2 of these were steeper than 1 in 12<sup>26</sup>. Half of the buildings had a stepped approach and only 1 of these had colour contrasted nosings. Of all the ramps and steps, only 1 had handrails provided to both sides and these were not to specification. All of the others had no handrails provided to either side.

Three premises had level access and automatic doors however 3 had stepped access with no ramp. Two of the premises with stepped entrances had alternative entrances but neither of them were signed/obvious.

### **Reception**

No low-level counters were available at any of the properties and only 2 desks had induction loops.

### **Circulation**

Of the 4 premises with services on more than one level, 2 had lift access but these were not to specification.

### **Accessible Toilets**

Accessible toilets were provided at all locations where non-adapted toilets were provided but there were always features that

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<sup>26</sup> This is the maximum gradient recommended for a ramp not exceeding 2m in length in BS 8300:2001

were not to specification as is outlined in the following quotation from a user;

“Drop-down handrail is wobbly, screws coming out of the wall a bit. Difficult to put down and back into upright position. Colour contrast is poor, white on white.”

(User comment about a leisure facility)

## Miscellaneous

In 2 premises visual fire alarms were provided to supplement the audible alarms.

Table 1. Summary statistics on Access Features by location\* (April – May 2004)

	Cardiff Bay %	Edinburgh %	Hitchin %	Leeds %
Service provider with own accessible car parking	38	13	25	25
Level threshold	88	50	50	63
Stepped entrance only	0	25	25	13
Obvious main entrance	25	50	50	63
Entrance 800mm width	100	63	25	50
Heavy entrance doors	25	63	63	25
Low level reception	25	25	13	0
Induction loop	0	38	13	25
Even, glare free lighting	13	25	50	75
Internal doors 750mm	88	50	50	75
Signage to key facilities	38	13	0	50
Stair access only to service on another level	0	25	25	25
Accessible toilets	100	50	25	75

Source: JMU Access Partnership

\*For each of the 4 locations in columns, the base is a total of 8 premises. Figures in this table are rounded to the nearest percentage

#### 4.2.5 Main findings by Location

- Cardiff Bay had the highest number of service providers with their own accessible car parking bays. Overall a large proportion of service providers in every town had a low number of their own accessible parking spaces. Those provided were often not marked to specification and were mis-used by non-blue badge holders.
- In this study, Cardiff Bay had the highest proportion of buildings with a level threshold. Only half of the premises in Hitchin and in Edinburgh had level thresholds at the entrance and at each of these locations, a quarter of all buildings had entrances which had stepped access only.
- All Cardiff Bay's entrances were 800mm or more<sup>27</sup>, with Hitchin only having few entrances to this standard. In Hitchin and Edinburgh, in half of the sample of services audited, the entrance doors were recorded as heavy to open.
- At all four locations, provision of induction loops, signage and a low-level reception counter was generally poor.
- A high proportion of the services audited in both Cardiff Bay and Leeds had accessible toilets. In Edinburgh half of all services visited had this provision and in Hitchin, the proportion was only one quarter. However, in all locations, many of the accessible toilets had some feature that created an access barrier (e.g. did not meet specification and/or was used as storage).

### 4.3 Analysis by Sector

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<sup>27</sup> This is the preferred effective clear width of a door when direction of approach is straight-on in BS 8300:2001

### **4.3.1 Retail**

There were a total of 7 premises audited in the retail sector. None of these had their own car parking but all had a drop-off point less than 50 metres away.

Of the 7 buildings, 4 were accessed via steps and 3 had level access over the threshold. Of the 4 with a stepped entrance, 1 had access via a temporary ramp and 1 had an alternative entrance, but 2 premises had stepped access only.

None of the receptions or counters had a low-level section and only 1 had an induction loop. Only 1 receptionist's face was easy to see (no glare from lighting or not obstructed). None of the reception staff in the retail services had received disability equality training, could use British Sign Language or were aware of an emergency evacuation plan for disabled customers.

Only 1 of the premises was considered to have appropriate signage to indicate key facilities and only 2 of the premises had circulation routes of 1200mm width or more<sup>28</sup>.

For those premises that provided non-adapted toilets (3), 1 did not also provide an accessible toilet. However, of the 2 that provided an accessible toilet, 1 of these was used for storage.

### **4.3.2 Health**

Seven premises were audited within the health sector. Only 2 of these premises had their own car parking – 1 provided no accessible bays and the other provided only 3 spaces which were not to specification. The provision of 3 spaces was also considered inadequate by the users for the size of the premises.

Only 1 building had approach routes which were well sign posted. Six of the 7 premises had level access at the entrance.

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<sup>28</sup> Corridors should be at least 1200mm in width to allow easy movement.  
Source: BS 8300:2001



Only 1 building had a low-level counter and in 2 of the 7 the receptionists' face was not easy to see (no glare from lighting or not obstructed). None of the receptionists had received disability equality training and only 1 stated that they were aware of an emergency evacuation plan for disabled clients.

The waiting areas at 3 of the health premises had no seats or spaces suitable for wheelchair users.

Only 2 of the premises did not have an accessible toilet facility however the users commented on many items, which were missing or might cause a problem for them in using this facility. One of the toilet facilities was considered to be "Not useable".

"The corridor that is used to approach the accessible toilet is narrow (1030mm) and this makes accessing the toilet, through the narrow toilet door (700mm), difficult."  
(Edinburgh user comment)

#### **4.3.3 Local Authority**

Seven local authority premises were visited. Five provided their own car parking however only 2 of these had accessible parking spaces and these were not to specification.

At 3 of the buildings there was a stepped approach but none had contrasted nosings. All of these had alternative entrances but only one was considered accessible.

Five of the receptions were well lit with a good contrast from the background. All of the receptionists' faces were easy to see.

Key facilities were appropriately signed in 2 of the buildings and in only 2 the levels of light were even and glare-free.

One building had access to an upper floor, which was only accessed via steps.

#### **4.3.4 Leisure**

A total of 11 service providers in the leisure sector were visited. Four of these provided their own car parking, all of which provided accessible spaces, although not to specification.

Seven of the 11 providers had a level access at the threshold. Of the other 4, 1 had a ramp up to the entrance although this was steeper than 1 in 12 and did not have level landings. Two were stepped with no ramp and had heavy manual entrance doors. Alternative entrances were provided at these 2 but they were not appropriately signed. The other premise had an entrance that could not be used without assistance because of the lip.

Only 2 reception areas had a low-level counter less than 750mm and only 1 had an induction loop. However, 6 receptionists stated that they provided British Sign Language, ranging from fluent to finger spelling.

Two premises had lighting that was even and glare-free however 7 had signage to indicate key facilities. Internal doors were 750mm or more in 5 buildings.

Nine out of the 11 premises had a service provided on more than one level. Five of these had lift access although none were to specification.

Ten of the premises had provided accessible toilet facilities however only 2 of these were the size of cubicle required in BS8300: 2001.

Table 2: Summary statistics on access features by Sector\* (April - May 2004)

	Retail Base = 7 %	Health Base = 7 %	Local Authority Base = 7 %	Leisure Base = 11 %
Service Provider with own accessible car parking	0	14	29	36
Level threshold	43	86	57	64
Stepped entrance only	29	14	29	9
Main Entrance 800mm width	57	57	43	73
Low level reception	0	14	29	18
Receptionists face not easy to see	100	29	0	27
Induction loop	14	29	29	9
British Sign Language	0	0	14	55
Even, glare free lighting	71	57	29	18
Internal doors 750mm	57	71	71	45
Signage to key facilities	14	43	29	64
Stair access only to service on another level	14	29	14	18
Accessible toilets	29	71	71	91

Source: JMU Access Partnership

\* Figures in this table are rounded to the nearest percentage

#### 4.3.5 Main findings by Sector

- While across each of the 4 service sectors sampled, the provision of accessible parking by service providers was generally low; it was notable that none of the sample of service providers in the retail sector provided any accessible parking for customers.
- Over half of the sampled premises in health, local authority and leisure sectors had level thresholds.
- The leisure sector had a high proportion (73%) of premises with a main entrance width of 800mm whilst less than half of local authority premises were to this specification.
- Across all sectors the provision of low-level reception counters was low. Nearly one third of local authority and health services provided an induction loop.
- Over half of the buildings in the retail and health sector had even and glare free lighting, compared with the local authority and leisure services which had 29% and 18% respectively.
- In all retail, health and local authority premises over half of the internal doors were 750mm or over. The leisure services had just fewer than half its internal doors to this standard.
- The leisure sector had a high number of premises with good internal signage to key facilities, whereas the other sectors performed poorly regarding this access feature.
- Leisure sector services had a very high proportion of premises with an accessible toilet, with the majority of local authority and health services also having an accessible toilet. Only one third of premises in the retail sector providing this facility.

## 4.4 Analysis by Size of Premises

### 4.4.1 Small Service Providers

The 9 small premises that were included in the sample of services consisted of 5 from the retail sector, 3 from the health sector and one from the leisure sector.

The small service providers did not own any car-parking spaces. Of those that were provided nearby (but out of the control of the service provider), only 1 of the accessible bays was to specification and the users felt that 6 out of the 9 parking spaces had either many problems or were not useable. The reasons expressed for this included the use of these bays by non-blue badge holders, poor markings and not enough accessible spaces.

“Police cannot take action because spaces not to spec. Closed anyway on Saturday after 10am. It is so bad words fail me. Full of people not disabled.”

(User comment on a retail facility)

The entrances to the smaller service providers proved difficult for the users. 4 out of 9 had stepped entrances with no ramp so were not usable without assistance. Half of the doors were heavy and there was not sufficient manoeuvring space for wheelchairs.

The reception areas in the small premises also had access barriers. None of the reception counters had a lower section counter at below 750mm and 6 out of 9 were not colour contrasted from the background. None had induction loops, and none of the receptionists had received disability equality training or were aware of a disability evacuation plan.

“Reception area cramped. Lower section of counter too high for wheelchair users or those of short stature to reach.”

(User comment about a health facility)

Circulation within the small service providers was also a problem with only 2 having corridors of 1200mm width.

Only 4 of the small service providers had accessible toilets. These toilets were however considered problematic by users. For example, one had circulation space of less than 1500mm which was further restricted by use of the space for storage and another had a chair within it which again made the space difficult to use.

Six out of 9 service providers had well signed routes. There were however, a number of barriers in all but one route, ranging from boxes in the route, the circulation route too narrow, trip hazard on the steps because of lack of colour contrast on the nosings.

Eight out of 9 of the staff within the small service providers were helpful.

#### **4.4.2 Medium Service Providers**

Eleven medium sized businesses were visited. These were a mixture of local authority, health, leisure and retail sector premises.

Only 3 of these had their own parking and only 1 of these provided accessible bays.

The approaches to the medium service providers were found to be not well sign-posted, and also all but 1 had obstacles along the route.

Only half of the entrances were level. Where there was difficulty getting in, an alternative entrance was available however; these required assistance and prior arrangement, as they could not be used independently.

Only 1 of the receptions had a lowered section to the counter, however they were generally well lit.

Only 2 of the receptions had induction loops installed and only 1 person had disability equality training. Five people said "Yes" to having a disability evacuation plan, however when asked about this, it consisted of carrying wheelchair users down the stairs and there were no safe refuges signed on any of the upper floors.

Six of the 11 premises had sufficient circulation width however only 2 were considered to have good signage. Six out of 11 provided

their service on more than one level however the provision of access to this service was varied. Only 1 medium service provider had a passenger lift. This lift was considered by the visually impaired users to have “many problems”, including lack of colour contrast and tactile on the controls. The others were platform lifts, one which was not working and the other was considered “useable but with many problems”.

Seven out of 11 medium service providers had accessible toilets however most of these were not to specification, 4 out of these 7 were considered by the users to be “not useable or many problems”. The barriers were low toilet pans, not enough circulation space and poor signage.

“Bin in transfer area. Radiator in way, can't transfer.”  
(Cardiff user comment)

“Signage - not tactile/Braille. Small and high so can't make it out.”  
(User comment about a leisure facility)

#### **4.4.3 Large Service Providers**

Twelve large premises were visited; these were mainly leisure and local authority with some health and 1 retail.

The majority of large service providers (8 out of 10) provided the car parking themselves. None of the accessible car parking spaces were marked out to specification and non-blue badge holders often used the spaces. The users found the car parking spaces to have a number of problems.

“Confusing marking for first time people.”  
(User comment about a local authority facility)

“There is not enough space for disabled parking, looking at the size of the hospital.” (User comment about a health facility)

Three premises had non-level approaches. The main problems that the users found with these were obstacles along the route, for example bollards. Also that there was,

“No dropped kerb at disabled parking bay. Had to go onto the road and travel over 50 yards. Would have to be strong to do this and when busy it could be dangerous as no safe area.”

(Cardiff user comment)

All the main entrances were easily identifiable. Four buildings had stepped access with no ramp however all of these premises had an alternative entrance. Of these alternative entrances, 2 were not considered to be equal to that of the main entrance and were thought to be not independently useable by the users on the day.

Seven of the main entrance doors were manual. The users felt that automatic doors would be easier to use as often the manual ones were heavy and difficult to manoeuvre through especially for independent wheelchair users. It was thought that signage could also be more accessible.

“Heavy door, coming up at a slight incline plus have to open with one hand, this is awkward.”

(User comment about a leisure facility)

Seven out of the 12 reception counters had a lower level. The lack of lower level counters were considered by the wheelchair users to make this service area very difficult for them. Only 4 loop systems were provided at reception but 5 staff members had basic BSL; only 3 had disability equality training. Although all the reception areas were well lit, visually impaired users found the transition zones disorienting.

Circulation was wide enough in 10 out of the 12 large service providers' buildings. The problems raised in this area by users were signage, internal doors being heavy, pinch points and lighting transitions.

Eleven out of the 12 large service providers had service provision on more than one level, 2 of these had stepped access only. None of the lifts were to specification, the most common issues with them were the lack of tactile or Braille buttons on the lift, the poor signage and the lift not being large enough. Of the handrails, only 2 were to specification, the main issues, for users and most common problems were the lack of extension of the handrail over the last step. The users found the vertical circulation had lots of problems.



“Handrails stop at last step - not good, could fall off.”  
(Cardiff user comment)

All of the large premises had accessible toilets. There were however issues with a number of these toilets. The main issue was that they were too small which made them either unusable or caused many problems. For visually impaired users, the lack of accessible signage was the main problem for them.

“Where is door? No signage on door.”  
(User comment about a local authority facility)

Ten out of the 12 premises had well signed evacuation routes, and 2 of the premises had visual alarms. The main issues with the larger premises in terms of fire evacuation were lack of fire egress on the upper/lower floors.

Table 3: Summary statistics of access feature by small, medium or large service provider\*

	Small Base = 9 %	Medium Base = 11 %	Large Base = 12 %
Service provider with own accessible car parking	0	9	50
Level threshold	56	64	67
Stepped entrance only	44	18	0
Entrance 800mm width	44	18	50
Heavy entrance doors	56	27	58
Low level reception	0	9	33
Induction loop	56	45	25
Even, glare free lighting	33	64	50
Internal doors 750mm	44	64	50
Signage to key facilities	67	18	33
Stair access only to service on another level	22	18	17
Accessible toilets	44	64	92

Source: JMU Access Partnership

\* Figures in this table are rounded to the nearest percentage

#### **4.4.4 Main findings by Size of Premises**

- Larger service providers have more accessible car parking spaces with half of the premises in this sample providing this facility. None of the small service providers in this study provided this facility.
- The smaller providers had more entrances with only stepped access, the medium providers had less whilst the larger providers had none.
- Half of the large service providers had an entrance with a width of 800mm. This pattern was repeated with heavy entrance doors.
- Larger providers had more low level reception counters than the other providers. This still however only equated to 33% of premises. None of the small providers provided this facility.
- The reverse was true for provision of induction loops with over half the smaller premises having this facility. Less than one third of large services provided this facility.
- Nearly three quarters of all smaller premises had signage to key facilities, compared with less than one third in medium and large services.
- Nearly all large premises provided accessible toilets,. Less than three quarters of medium and less than a half of small premises provided this facility.

### **4.5 Additional Comments on Access Features**

#### **4.5.1 Car Parking**

Of the 32 services audited, 10 provided their own car parking facilities for customers. Of these, 2 providers offered no accessible car parking spaces and the remaining 8 did not meet

BS8300: 2001 specifications in one way or another, for example, insufficient spaces, incorrect markings or no signage.

“There is not enough space for disabled parking, looking at the size of the hospital.” (User comment about a health facility)

Disabled drivers identified further issues in relation to car parking provision, which included a lack of dropped kerbs from the spaces and mis-use of accessible bays. It was identified in one large, new development that non-disabled drivers occupied 5 out of 6 accessible spaces.

#### **4.5.2 Approach**

The findings suggest that poor signage is a major issue on the approach to the entrance to services and at the entrance itself. This barrier was mentioned across all locations, sectors and size of premises. Barriers identified ranged from insufficient signage to poor design.

“Signage appalling, very difficult to see.”  
(Cardiff user comment about a leisure facility)

#### **4.5.3 Entrance**

In relation to entrances to services, the findings from this study indicate that the main barriers to access include; entrance not being easily identifiable and narrow, heavy doors. Fifteen buildings out of 23 audited were identified as having heavy/very heavy doors and 10 of these were also narrower than 800mm. It was noted that narrow, heavy doors were mainly to be found in 'historic' or small premises.

In services, where alternative entrances have been provided, barriers to access still existed. These included a sloping step, narrow doorways and a bell for access.

“Main entrance door not wide enough. Wheelchair users cannot get through from the main entrance door to the lobby door, hence cannot get into the Surgery at all. Standard wheelchair could only

get through with much difficulty. If there was an emergency it will be difficult.”

(User comment about a health facility)

“The entrance is difficult to identify from its surroundings, as it is not highlighted i.e. same colour as its surroundings.”

(User comment about a retail facility)

“Front is a disaster. Easier to do on own if doors stayed open. Could not get in without assistance. No bell to tell them you wanted help. No sign saying disabled access. If there was a sign I would be more willing to go in.”

(Hitchin user comment)

#### **4.5.4 Reception**

Many major barriers to access were identified within the reception area and at the reception counter. Of the 32 premises audited only 5 were found to have a low-level counter below 750mm. Four of these were found to be in large buildings. However, two of the low-level counters were not easily identifiable in that they were located out-of-sight upon entering the main entrance. In addition, one of these had a mirror to the front of the low-level counter, which appeared to one of the focus group members to be a step. This was compounded by a highly patterned carpet surrounding the desk, which made it more visually confusing.

“There should be a lower section of the reception desk.”

(Leeds user comment)

“Counter too high – make signing difficult.”

(User comment about a health facility)

“Counters are quite high - you have to peep over like a kid!”

(User comment about a local authority facility)

“At bottom of reception desk there is a carpet and mirror. Thought this was a step, confusing. Better if white goes to floor. Lighting not good.”

(User comment about a local authority facility)

Communication at the reception counter was identified as being another major barrier to access. There was a generic lack of provision of information in alternative formats across all premises. Where information was provided, it tended to be restricted to large print or reading to the customer. Over 80% of premises did not provide an induction loop system at the desk. Seven out of 32 service providers provided British Sign Language, where the level ranged from very basic to fluent.

“A loop system is being fitted – but when?!”  
(User comment about a retail facility)

“Disappointed that there is a hearing loop sign but no loops fitted”  
(Leeds user comment)

“Too noisy for my hearing impairment. Have to turn my hearing aid off.”  
(User comment about a leisure facility)

Disability Equality Training (DET) was identified as a key issue in terms of attitudinal barriers. Only 3 out of 32 service providers offered DET to their front-line staff.

“In need of awareness training. They were a bit abrupt.....”  
(User comment about a local authority facility)

It was significant to find that those 3 service providers who offered DET to staff, were the only 3 providers where receptionists were aware of a disability evacuation plan.

#### **4.5.5 General Circulation**

Internal signage was identified as being of a poor design within 75 per cent of services audited.

“Signs are not bold enough.”  
(User comment about a local authority facility)

“Signs are too high and need better colour coding.”  
(User comment about a large facility)

Another key issue was poor lighting in general circulation areas. This was found in 19 out of 32 premises audited and it was interesting to note that this was apparent in 6 out of 8 new development premises.

“Disturbing to go from one light level to another - felt unbalanced.”  
(User comment about a health facility)

“It's dark, lighting levels low especially upstairs. Wouldn't feel comfortable upstairs. Lots of dark and light areas e.g. glare from windows and natural light on heading to WC's.”  
(User comment about a leisure facility)

Colour and tonal contrast within general circulation spaces was recognised as a principle barrier to access for more than three-quarters of services audited.

“Colour contrast poor - floors and walls all dark coloured.”  
(Leeds user comment)

#### **4.5.6 Vertical Circulation**

Nineteen out of 32 premises audited had more than one storey and almost half of these (8) only provided stepped access. In addition, 10 out of these premises had poorly designed stairs in terms of no contrasted nosings to the step edges.

“Colour contrast on nosing fine going up but bad coming down.”  
(User comment about a medium facility)

“No highlighting to edge of steps current markings away from edge of step.”  
(Edinburgh user comment)

“Can only see the red nosings clearly, not the black ones.”  
(User comment about a local authority facility)

Only 50% (16) of the premises provided handrails to the steps. However, handrails only met specifications within 2 of the 16 buildings.

“Handrails stop at last step - not good, could fall off. I would automatically use lift. The staircase is open plan. Could walk into - need some barrier to stop moving into it.”

(User comment about a large facility)

“Handrails are reflective which is difficult. Anyone with problem with glare would find the stairs difficult.”

(Cardiff user comment)

Eleven of the premises had lift access and none of these were to specification. Common problems included the size of the lift carriage and tactile/colour identification of the call buttons. One of the lifts was out of service at the time of the audit.

“The goods lift should be made for the public to access to the first floor.”

(Leeds user comment)

“We are relegated to this one floor, cannot go up there. Am not Freight or Cargo.”

(Leeds user comment)

#### **4.5.7 Toilet Facilities**

Twenty one of the 32 premises provided an accessible toilet facility. Only 8 of these provided the size of cubicle recommended in BS8300: 2001. Nine included an emergency alarm system but only 5 of these were either not tied up/long enough or difficult to use. The users commented that they considered 6 of the cubicles were either “Not useable or useable with many problems”.

“There is not a 1500mm turning circle making this facility difficult to use for wheelchair users. The toilet is being used for storage and this is further restricting useable space within it.”

(User comment about a retail facility)

“Too small. Difficulty accessing because door has door closer and heavy.”

(Edinburgh user comment)

#### **4.5.8 Emergency Egress**

Only 2 of the buildings had a visual element to the fire alarm system. Of the 19 premises with more than one storey, only one building had a refuge on an upper floor. Apart from the main entrance, 22 of the premises did not have routes to fire exits that were level or ramped. The users commented on a number of obstructions on fire routes:

“No one would get out in a hurry. Shopping trolley parked across it.”

(Hitchin user comment)

“Box in way of exit route.”

(User comment about a small facility)

“There are wooden statues, which are a similar colour and tone to the floor covering, placed at a low level either side of the fire exit. These are restricting access to this fire exit and present a potential trip hazard to all users.”

(User comment about a retail facility)



## 5.0 Conclusions

The aim of this project was to provide a 'snapshot' of current levels of physical access in 32 premises across a range of services in 4 town/city centres in Britain. This provides baseline information from which to evaluate and track actual change in physical access over the coming years. A comprehensive set of data from the audits have been presented to the DRC which will be used as a basis for comparison when the audits are repeated in the follow up stages of the research.

Due to the very small sample of data collected, caution should be taken with the data throughout this report and none of the findings or conclusions can be regarded as representative of service providers in general or of the individual service sectors in Britain. These conclusions will therefore only summarise some key differences based on the sample used.

Based on this sample of 'snapshot' audits undertaken, the services at the small market town location (Hitchin) had most physical access barriers of key facilities, followed by the historic city location, Edinburgh. Cardiff Bay, a modern town centre location had fewer access barriers than the other locations.

With reference to the different service sectors, the sample of leisure services that were audited were found to have less access barriers than other sectors, with the retail services having the most barriers to physical access for disabled people in this study. The literature review also identified that a number of service providers in the leisure sector (museums, libraries, art, sport) have good publications which provide information and technical guidance towards how their specific sector should approach Part III of the DDA, but that other leisure providers (pubs and restaurants) have produced little or no guidance on accessibility to date. Within the study, the retail sector (with the exception of some very large retail organisations) was identified in the literature review as having the least guidance to date on the DDA.

The findings of the audits also suggest that premises of the larger service providers appear have the less barriers to access; with

more accessible car parking, low-level reception counters, no 'stepped access only' to services and accessible toilets.

Findings from the focus groups suggest that disabled people continue to experience poor access provision in their day to day lives. In addition to physical access barriers, the issue of getting to the premises and attitudinal barriers, such as poor levels of disability awareness and communication, were raised.

# Appendix 1

## Inclusive Design

‘Inclusive Design’ - designing an environment that can be used equally by everyone, regardless of disability, age, ethnicity or gender. These principles are suitably defined as being:

- easily used by as many people as possible without undue effort, special treatment or separation
- able to offer people the freedom to choose how they access and use it, and allow them to participate equally in all activities it may host
- able to embrace diversity and difference
- safe
- legible and predictable
- of high quality<sup>29</sup>

The Disabled Persons Transport Advisory Committee (DPTAC) considers that; ‘Inclusive environments are made up of many elements such as the attitudes of individuals and society, the design of products, communications, as well as the design of the built environment itself.’<sup>30</sup>

‘Inclusive Projects’ highlights 4 DPTAC principles:

- Access for disabled people is a condition of any investment
- Access for disabled people is a mainstream activity
- Users should be involved in determining access
- Achieving access is the responsibility of the provider

DPTAC’s definition of inclusive environments is shared with that contained in the Office of the Deputy Prime Minister’s (ODPM) Planning and Access for Disabled People: A good practice guide (2003), which states that ‘The Government is fully committed to an inclusive society in which nobody is disadvantaged. An important part of delivering this commitment is breaking down unnecessary

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<sup>29</sup> DRC, 2003, ‘Creating an Inclusive Environment’

<sup>30</sup> DPTAC, 2003, ‘Inclusive Projects’

physical barriers and exclusions imposed on disabled people by poor design of buildings and places. Too often the needs of disabled people are considered late in the day and separately from the needs of others.' This good practice guide, stemming from a recommendation of the Disability Rights Task Force, describes how all those involved in the development process can play their part in delivering physical environments which can be used by everyone. It encourages local planning authorities and developers to consider access for disabled people, and stresses the importance of early consultation with disabled people, when formulating development plans and preparing planning applications.

## **Appendix 2**

### **DRC Access Audit Tool**

**Auditor:**

**Focus Group Members:**

**Name of building (e.g. Park House Dentist):**

**Address:**

**Type of Organisation (e.g. Hairdresser, Café):**

**Telephone/Contact Person (if available):**

Sector:

Leisure

Local Authority

Retail

Health

Size of Premises:

Large

Small

Medium

Size of Organisation (as a whole - nationally):

Large

Small

Medium

General Initial Comments (e.g. Why building chosen? 1<sup>st</sup> impressions?):

Specify route chosen to audit (so that it can be audited in future):

Please note that Focus Group Comments need to specify what problem is found so that comparisons can be made in future audits (Plus quotes and initials).

## Car Parking

Whose responsibility? :

Service Provider

Other (e.g. On-street/NCP)

Number of parking spaces for badge holders:

Are spaces to specification? (e.g. size, hatching to side and rear, signage, etc) :

Yes

No

Specify:

Are spaces within 50m from entrance? :

Yes

No

If yes, approx. distance:

Drop off point distance from entrance:

Less than 50 metres from entrance

More than 50 metres from entrance

Focus Group Comments:

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable

## Approach – route from car park/drop-off to entrance

What is the approach surface like? :

Level

Firm e.g. tarmac

Not Level

Not firm e.g. gravel

Is access via ramp? :

Yes

No

If yes, please give details:

Gradient:

1:12 to 1:20

Steeper than 1:12

Length of ramp:

Clear width of ramp:

Have clear landings of 1200mm been provided at top and bottom of ramp? :

Yes

No

Number of steps:

Are step nosings highlighted? :

Yes

No

Have clear landings of 1200mm been provided at top and bottom of steps? :

Yes

No

Handrails are positioned...

Both sides of steps

One side of steps

None on steps

Both sides of ramp

One side of ramp

None on ramp

Are handrails to specification? (e.g. easy to grip, continuous, extend past, colour, height) :

Yes

No

Specify:

Are routes well sign-posted? :

Yes

No

Are routes free of any obstacles / projections? :

Yes

No

Focus Group Comments:

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable



## Entrance

Is the entrance....?

Well Signed  
Easily Identifiable  
Level access

Access over threshold  
Stepped with no ramp  
Stepped with ramp  
Stepped with ramp not to specification  
Stepped but portable ramp available

Type of doors (you may tick more than one)

Outwards opening  
Inwards opening  
Sideways opening  
Revolving  
Automatic / Press to Open  
Manual  
Double doors  
Single leaf  
Adjacent side accessible door

Is the door width at least 800mm for single leaf?

Yes

No

Width:

Are the doors....?

Very heavy  
Heavy  
Not heavy

If the main entrance is not accessible, are there alternative accessible doors?

Specify:

Is the route from the alternative entrance to the first point of contact (e.g. reception/service counter) equal to that from the main entrance?

Specify:

Focus Group Comments:

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable

## Reception

Is there a low section of counter / reception desk? i.e. maximum 760mm high

Yes

No

Height:

Is the desk free from clutter?

Yes

No

Is the reception area well-lit?

Yes

No

Is desk contrasted from background?

Yes

No

Is an induction loop fitted and signed?

Yes

No

Is the receptionists' face easy to see?

e.g. no glare from windows, not obstructed

Yes

No

Has the receptionist had disability equality training?

(Please ask receptionist rather than manager!)

Yes

No

Is the receptionist aware of a disability evacuation plan?

(Please ask receptionist rather than manager!)

Yes

No

Is information available in alternative formats?

Braille

Specify:

Audio Tape

Specify:

Large Print

Specify:

Video in British Sign Language

Specify:

CD

Specify:

Easy Read

Specify:

Other alternative provision e.g. reading menu with customer

Specify:

Any provision of British Sign Language?

Yes

No

Level of fluency:

Focus Group Comments:

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable

## General Circulation

Are key facilities appropriately signed?

Yes

No

Are lighting levels even and glare-free?

Yes

No

Are floor surfaces level and non-slip?

Yes

No

Is there sufficient colour contrast between critical surfaces?

Yes

No

Specify:

Are circulation spaces / corridors 1200mm or more?

Yes

No

Specify:

Are spaces / routes free from any obstructions / projections?

Yes

No

Specify:

Are internal doors 750mm or more?

Yes

No

Is door furniture to specification? i.e. height, colour, lever action

Yes

No

Do waiting areas have suitable seats and space alongside for wheelchairs?

Yes

No

Focus Group Comments:  
Useable (no problems)  
Useable (few problems)  
Useable (many problems)  
Not useable

## Vertical Circulation

Is all the service provided on one level?

Yes (go to next section)

No

Is there stepped access only to key areas?

Yes

No

Specify area:

Number of steps:

Are nosings of steps highlighted?

Yes

No

Handrails are positioned...

Both sides

One side

Neither side

Are handrails to specification? e.g. easy to grip, continuous, extend past, colour, height

Yes

No

Specify:

Is there a passenger lift to the service?

Yes

No

Is the lift to specification?

Yes

No

Specify:

Is there.....to the service?

A Wheelchair Stairlift

A Platform Lift

An Escalator

A Portable Ramp

A Permanent Ramp

Other

Specify:

Focus Group Comments

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable



## Toilets

Are there non-adapted toilets?

Yes

No

Is there a wheelchair accessible toilet?

Yes

No

Is the accessible cubicle....?

Independent Access

Key access

Accessible toilet facilities

Unisex Toilet

Shared with baby changing facilities

Minimum 1500 x 2200

Rails firm and correctly positioned

Hand washing / drying facilities reachable from WC

Door open outwards

Flush on transfer side

Clear Turning Circle minimum 1500mm

Emergency alarm system

Fittings contrasted in colour

Good levels of lighting

Are the supplementary toilet facilities (e.g. sanitary disposal, mirrors, etc) the same in accessible and non-accessible toilets?

Yes

No

Specify:

Focus Group Comments

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable

## Emergency Egress

Is there a fire alarm?

Yes

No

Is there a visual fire alarm

Yes

No

Are the routes to fire exits clearly signed?

Yes

No

Apart from the main entrance, are the routes to fire exits level or ramped?

Yes

No

Are there safe refuges on upper floors?

Yes

No

If yes, are they clearly signed?

Yes

No

Focus Group Comments

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable

## **Generally Staff Attitudes/Helpfulness on day of audit**

### **Miscellaneous – Information particular to the service**

#### Examples

Is food & drink carried to table?

Is there a queuing system? If so, any issues?

Are the employees willing to bring products to customer?

Are staff available to assist if required?

Are there any wheelchairs available for loan?

#### Auditors Comments

#### Focus Group Comments

Useable (no problems)

Useable (few problems)

Useable (many problems)

Not useable

# Appendix 3

## Questionnaire to Service Providers

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Have you had an access audit?

Yes                      No

Have you made any improvements to the accessibility of your premises/service provision for disabled customers?

Yes                      No

If yes, what

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, is the reason for this a response to:

Access strategy of your organisation \_\_\_\_\_

Access strategy in your town/local area \_\_\_\_\_

Other, please state \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix 4

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