

# ABC - Audit, Benchmark, Change State of disability access report 2013

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A baseline audit of accessibility to services in Northern Ireland for people with a disability

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for

The Equality Commission for Northern Ireland

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## **Executive Summary**

### **A. Context, aims and methodology**

#### **Context**

Almost two out of every five (37%) Northern Ireland households include at least one person with a disability. Approximately 322,000 people are limited in their daily activities for reasons associated with a disability. The prevalence of disability varies with age, ranging from 5% for young adults under 25 to 60% amongst those aged 75. Northern Ireland's over 65 population is set to increase sharply during the next ten years - and more than double in number over the next fifty years.

The Disability Discrimination Act was passed on 8 November 1995. Under the Act, service providers have clear duties not to discriminate against a disabled person by providing less favourable treatment or failing to make reasonable adjustments to the way services are provided.

The DDA specifies that service providers should not wait until a disabled person wants to use a service, or tries to use it and cannot, but rather should anticipate the requirements and the adjustments that may need to be made.

#### **Aims and scope**

The central research questions were:

- What, if any, impact has the disability discrimination legislation made to every day access to services for disabled people?
- What are, should, and could be the standards of disability access in Northern Ireland?
- In accordance with its statutory duties and functions, what should / could be the role of the ECNI in attaining and maintaining access standards?

The research therefore focussed on access by adults to services that most people consider part of everyday life, within Northern Ireland.

It did not cover what are commonly known as essential services, or those to which disability discrimination legislation is applied in a specialised manner.

Thus, statutory provision such as education, social security, transport and health are not examined.

The aims of the research were to:

- Present a baseline statement of the general level of access to services in Northern Ireland, identifying key barriers for disabled people.
- Affirm the underlying principles and purposes that should guide the ECNI's future work with service providers to enhance access.

## **Methodology**

The ABC research project undertook:

1. A review of work to date on access, any indicators of change since 2004 and the current policy context.
2. Primary research comprising:
  - 2.1. A Northern Ireland wide survey of the experiences of disabled people when using services.
  - 2.2. An assessment of experiences by disabled people as mystery shoppers at a selection of 100 services across five towns and cities.
  - 2.3. A technical audit of access to services conducted in 25 of the premises that were mystery shopped, across five towns and cities.

## **B. The review of research and policy context**

Most studies identify barriers relating to one of three areas: physical, information and attitude (or customer service).

Barriers to mitigating access solutions tend to be identified as one of two types:

- a) A lack of awareness of the potential value of disabled consumers and of what constitute good access is the key issue.
- b) A failure to be seen to enforce disability rights legislation.

Proponents of the former view suggest education and ways to appeal to the self interests of service providers as the way forward. Those who hold the latter opinion look to greater and more visible use of the DDA.

On balance, the emphasis of the recommendations of those reports reviewed, lies on the education and encouragement path rather than the enforcement approach. The recommendations tend to fall into one of four areas:

1. **Encourage** improved information provision;
2. **Educate** and train service staff;
3. **Encourage** service providers to remove barriers; and
4. **Enable** those who use services to address barriers and enforce the law.

### C. The primary research

A roundtable advisory group was set up to guide the research and act as a communications nexus to enable wider engagement across the spread of impairments and geography.

#### **NI wide survey**

A questionnaire was devised to measure access as experienced by disabled people across Northern Ireland. This was made available online and in alternative print formats. Arrangements were put in place to deliver supported data gathering for hard to reach groups.

A total of 236 people responded to the NI wide service survey. There was a good match to the general population distribution in terms of urban / rural residency. There was good representation from people across a range of impairments and strong representation of people who have multiple disabilities.

#### **Mystery shopping and experience reports**

Armagh, Ballymoney, Belfast, Derry - Londonderry and Omagh were selected as the mystery shopping locations as they span the five main sizes of local government district and all but one county while providing an urban / rural mix.

A 'shopping basket of services' was used as it is an economic concept familiar to the lay person. Twenty commonly used services were selected.

29 disabled people visited the premises of 100 service providers in the five locations as mystery shoppers. Each then completed an experience report. Premises were selected to reflect general use of services and were thus those located on the main shopping streets.

### **Technical audit**

A quarter of the mystery shopping premises were subsequently subject to a technical audit.

The audit measured how far premises were from criteria or good practice standards set out in the Building Regulations Northern Ireland, Technical Booklet R 2012 and BS8300:2009 + A1:2010. It did not measure items that are largely subjective (such as customer care) or where there is no accepted standard of good practice.

The scales used in the survey, mystery shopping and audits were designed to be comparable.

Scale for survey and experience reports: 1 Not at all satisfied, 2 Somewhat satisfied, 3 Satisfied, 4 Very satisfied, 'Not relevant' – if so not scored.

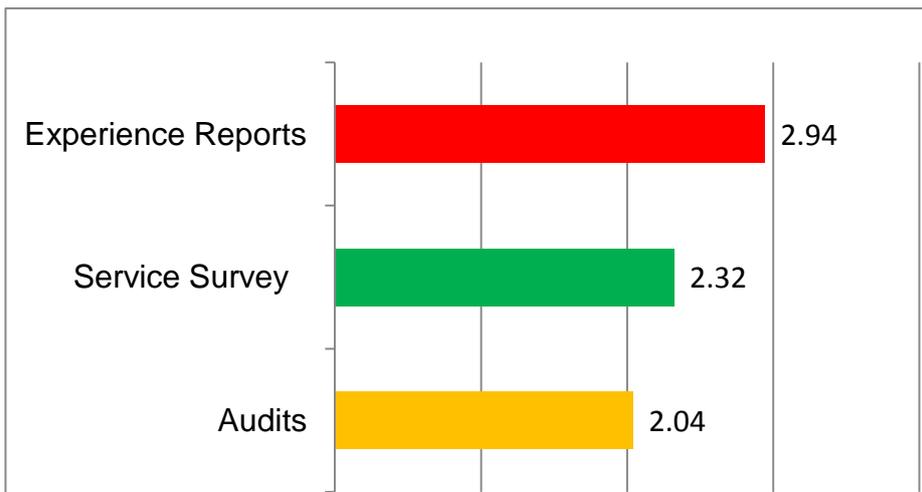
Scale for Audit: 1 Poor. 2 Average. 3 Good. 4 Very good.

## **D. Benchmarking access**

After consultation and testing of models, a matrix was agreed for measuring three aspects of access: Physical, Customer Service, and Information. The average of the scores for these three aspects was calculated for the survey and experience reports. For the technical audit, however, only the physical and information scores were used in calculating the average benchmark, as there was no direct measure of customer service as experienced by disabled people.

The average from each method of measurement shows that disabled people's access to services in Northern Ireland in 2013 is not yet good or satisfactory.

**Figure 1: Average scores for access created by the different methods**



### **Benchmarks by impairment**

The lowest score for each element of access came from respondents who had mental health support needs. The highest were consistently from people with learning disabilities.

Wheelchair users give physical access low ratings. People with hidden or sensory impairment responding to the survey found physical access to be poor or only just somewhat satisfactory.

Disabled people consistently rated customer service as being better, if only slightly, than physical access and access to information.

The lowest rating for customer service came from people with mental health support needs and those who are deaf or hard of hearing.

Blind and partially sighted respondents, along with those who are deaf or hard of hearing survey respondents rated information provision as poor.

The reasons for avoiding or not using services were, physical barriers (53%), customer service (33%), and information provision (25%). Physical access is given a small amount of additional weighting when disabled people consider overall levels of access.

42% of survey respondents reported difficulties getting to services, these related mainly to parking. Other key barriers were the availability of public

transport and visual and audio format of transport timetables and on-board information.

The data suggests that Belfast is not rated as having better access than elsewhere. The physical access score for Derry - Londonderry is low due to the number of premises that could not be accessed by a wheelchair user.

## **E. Findings**

The following areas are most in need of attention to create enhanced access:

### **Physical Access External**

- Provision, enforcement and maintenance of designated parking;
- Accessible, obstacle free pavements with dropped kerbs.

### **Physical Access Internal**

- Acoustics;
- Provision of accessible changing rooms;
- The way goods are displayed;
- Vertical movement (lifts, escalators, stairs) especially for blind and visually impaired people;
- Getting into buildings for wheelchair users and people with learning disabilities (i.e. locating and using the main entrance);
- Horizontal movement (i.e. moving on one level) for wheelchair users.

### **Customer Service**

- Customer service for deaf and hard of hearing people and people with mental health support needs;
- Staff knowledge of accessible facilities and ability to use them;
- Proportion of service providers offering disability awareness training.

### **Information Provision**

- Information provision for people with sensory impairment;
- Provision, maintenance and use of hearing loops;
- Information for people with learning disabilities and British Sign Language (BSL) users;
- Way finding signage to accessible facilities.

### **General**

- Overall access for people with mental health support needs.

## F. Conclusions

### Responses to the research questions

#### **What, if any, impact has the disability discrimination legislation made to every day access to services for disabled people?**

The review of the literature found a dearth of longitudinal studies of access to services covering a period of before and after the introduction of the DDA.

The primary research indicates that physical access into service premises remains an issue, especially for smaller service providers.

There is a need for improvements in how service premises are used, how information is conveyed and the knowledge of the people providing the service. These areas mainly fall outside the specifications of building regulations or British Standards. Many could be considered as 'reasonable adjustments' under the DDA however.

Accessible transport, parking provision and the nature of kerbs and pavements are perceived as key barriers to getting to services.

Ten years after the full roll out of the DDA, access to services in Northern Ireland in 2013 is not yet good or satisfactory for disabled people.

#### **What are, should and could be the standards of disability access in Northern Ireland?**

The current standards as set by Building Regulations Northern Ireland, Technical Booklet R 2012 and BS8300:2009 + A1:2010 have a variable impact because there is no compulsion for the client or architect to adhere to the access consultant's recommendations if they can show they have otherwise satisfied Building Regulation requirements.

A number of other standards have been developed to encourage access. These consider how premises are managed as well as the physical provision. These do not have the force of law behind them.

A large proportion of 'access' is made up of provision not covered by set criteria or dimensions, but which is, or should be covered by good practice and is ultimately measured by the perception of users. Usability testing aligned to good practice guidelines are perhaps the best test of service standards.

**In accordance with its statutory duties and functions, what should / could be the role of the ECNI in attaining and maintaining access standards?**

There is clearly a need for action to eliminate discrimination and promote equality of opportunity when the majority of disabled people are put off using services because of physical, customer service, or information barriers.

The duties and functions of the ECNI that relate to disability include:

**Generic**

- working towards the elimination of discrimination;
- promoting equality of opportunity and encouraging good practice;
- promoting affirmative/positive action.

**Specific**

- overseeing the disability duties on public authorities;
- monitoring, jointly with the Northern Ireland Human Rights Commission, implementation of the United Nations Convention on the Rights of Persons with Disabilities;
- keeping the relevant legislation under review; and
- promoting awareness of and enforcing anti-discrimination law on the grounds of disability.

The ECNI might respond to the needs highlighted in one of four ways:

1. **Educate** service providers to recognise and remove barriers;
2. **Encourage** the removal of barriers by working with and through partners;
3. **Enable** disabled people to act by ensuring they know their rights; and
4. **Enforce** the legislation by taking cases and publicising successes.

## G. Recommendations

The following are presented as potential actions for the Equality Commission for Northern Ireland.

### 1. Educate: Private Sector

- 1.1. Consider preparing a strong business case for targeting the disabled consumer market.
- 1.2. Consider creating and delivering a face-to-face business engagement campaign to raise awareness of the value of the disabled consumer market. Encourage MLAs, ministers and business leaders to include the key messages in speeches.
- 1.3. Consider working with business advisors to incorporate access in the business planning advice offered to start ups and expansions (Banks, Business courses, Invest NI, and Sector Skills Councils such as People 1st, Creative and Cultural Skills, Skills Active and Skills for Health).
- 1.4. Consider engaging a specific team to undertake work with businesses to ensure that the language and messages used are private sector relevant.
- 1.5. Consider establishing a high level 'champions' or advisory panel of business people and role models to the private sector, to guide the campaign team and spearhead the launch.
- 1.6. Consider partnering with key business organisations and trade associations to deliver the campaign through their own communication channels (e.g. Federation of Small Businesses NI, NI Independent Retail Trade Association, NI Retail Consortium, NI Food and Drink Association, NI Drinks Industry group, Institute of Directors etc.)
- 1.7. Consider collecting case studies illustrating the positive impact of increased accessibility on the business bottom line.
- 1.8. Consider creating an information hub where businesses can find materials relating to access and links to existing advice.

## **2. Educate: Public Sector**

- 2.1. Consider creating and delivering a campaign to engage public authorities working with and in support of the relevant departments (OFMDFM & DHSSPS) in delivering their disability strategy recommendations in relation to essential public services: health, education, libraries, public transport.
- 2.2. Consider creating and delivering a campaign to engage public authorities working with the new shadow councils and Northern Ireland Local Government Association (NILGA) specifically to target local authority provision of culture, arts, sports and leisure activities.
- 2.3. Consider providing, as a matter of urgency, guidance on effective, accessible communications for public services.
- 2.4. Consider an audit of accessible information provision by public services as part of the ECNI's oversight of public duties role.
- 2.5. Consider ways to engage with other awards, such as Investors in People and Customer Service Excellence, to enhance the weight given to disability access within their assessment process.

## **3. Educate: General**

- 3.1. Consider developing a Time and Space message to promote small, low cost changes such as giving time to people who need a little longer to move, understand or respond and creating space by clearing away clutter and obstacles.

## **4. Educate: Whole town approach**

- 4.1. Consider adopting a 'whole town' approach to address external physical barriers and provide economy of scale to education and training activities. This could be achieved by developing local delivery partners groups comprising the Councils' town centre, arts and leisure managers, planners/building control and local traders and business organisations alongside managers from statutory providers (Translink, GPs, Library etc).

- 4.2. Consider supporting a whole town approach with the appointment of an Access Coordinator in two or three towns for a period of three to five years initially to support and develop the model and assess the impact by way of an action research project. This work would create the evidence and case studies needed to support other education work.

## **5. Encourage**

- 5.1. Consider commissioning an ECNI pan-disability model of good access to services based on current good practice guides, access awards and the views of disabled users.
- 5.2. Consider commissioning a new rating award for access to services to be displayed at service locations. The 'Food Hygiene' stickers are one model to consider. The 'Access' ratings should be based upon the model of good access adopted by the Equality Commission, and disabled people should be involved in the assessment.
- 5.3. Consider 'Access Awards' to be presented over a period of five years to whole towns and individual services that excel in offering or improving access. The 'Access City Award' run by the Directorate General for Justice Department of the European Commission is one model to consider scaling to fit Northern Ireland (Tallaght, South Dublin won an award in 2013). 'Tidy Towns' or 'Britain in Bloom' can also be examined for their strength in capturing the imagination of residents.

## **6. Research and Development**

- 6.1. Consider commissioning Northern Ireland research into the value of the disabled consumers market and demonstrate the impact of improved access by quantifying success indicators such as increases in revenue, return on investment, market share etc.
- 6.2. Consider commissioning a discrete piece of research into access for people with mental health support needs; the group reporting the worst experience and towards whom social attitudes have worsened.
- 6.3. Consider commissioning monitoring of access to services against the benchmark every 5 years.

## **7. Enable and Enforce**

- 7.1. Consider regular research to establish the current level of awareness and accurate understanding of the DDA amongst disabled people. This ought also to cover their level of confidence in using it, perception of costs, and time required, and make recommendations as to how best to address any gaps or misconceptions.
- 7.2. Consider engaging with disabled organisations to establish an ongoing service monitoring system to identify trends in access provision on an annual or bi annual basis (Baywatch from IMTAC and Consumer Focus Post are two models). This contact can be used as a channel to communicate information about the law and rights to disabled people and may help identify test cases to be brought under the DDA.
- 7.3. Consider whether greater awareness and use of the Questions Procedure under the DDA might enable disabled people to use the law to make change without having to take a case.
- 7.4. Consider if and how cases might be taken to help define 'reasonable adjustment' as covering more than physical alterations (e.g. failure to train staff, maintain hearing loops, keep aisles clear, adjust lighting).

## **8. Skills and capacity**

- 8.1. Consider a capacity building programme for ECNI staff to enhance knowledge levels on disability and the capability to deliver advice.
- 8.2. Consider an annual conference between ECNI, disability organisations, business advisers and business organisations.
- 8.3. Consider ways to enable service providers to access disability equality training to create a better skilled work force. The cost of training and of staff time to attend need thought. Partnerships with existing training providers and a 'whole town training' approach might be considered.
- 8.4. Consider ways for the ECNI to engage with disabled service users on an ongoing basis and link them to continuing benchmarking, research and training to build the ability of the disabled community to engage in education, encouragement and enforcement activity.

## **1. Introduction, aims and methodology**

### **Introduction**

2014 will mark ten years since Part III of the DDA came into operation in Northern Ireland.

The Equality Commission for Northern Ireland sought to find out what impact it has had on the level of access to everyday services for disabled people.

ADAPT NI was commissioned to undertake the work and has worked in collaboration with BMKent Consulting to devise and deliver the research.

Data was gathered in February and March 2013.

### **Scope**

The research focuses on access by adults to services that most people consider part of everyday life, within Northern Ireland.

It does not cover what are commonly known as essential services, or those to which disability discrimination legislation is applied in a specialised manner. Thus, statutory provision such as education, social security, transport and health are not examined.

Transport is referenced in so far as it was reported as impacting on access to the services investigated, and Post Offices, Libraries and local Council dog licensing and leisure centres were included as examples of local services used as part of day-to-day life.

Some of the health care professionals visited did accept NHS clients, but were tested as 'walk in' providers of services that may be needed without pre-registration or if visiting a town away from home (sudden or severe tooth or back ache, for example).

Access to these has also been better reported by others and referenced in the literature review that informed this primary research.

The majority of services audited or mystery shopped in this study (86%), were offered by private sector providers, from small local concerns to national and multinational chains.

## **Aims**

The aims of the research were to:

- present a baseline statement of the general level of access to services in Northern Ireland, identifying key barriers for disabled people;
- affirm the underlying principles and purposes that should guide the ECNI's future work with service providers to enhance access.

To this end the study gathered evidence of:

- the nature of current provision and disabled people's experiences of access to services as recorded in existing literature;
- the current level of access to services for people having physical, sensory or intellectual impairment, with a particular emphasis on physical and other barriers, based on audit measurements;
- the experiences disabled people have in accessing every day services in the leisure, retail and hospitality sectors.

## 2. Review of relevant materials relating to access to services

### What are services?

Services are best described by example, below being derived from that offered on the Equality Commission for Northern Ireland's website. It is not comprehensive but a useful illustration.

- Shops, petrol stations, restaurants, pubs and clubs, hotels and guesthouses including self catering, theatres, cinemas, sports and leisure facilities, bus/railway stations and airports;
- local councils, government departments and agencies, hospitals, clinics, doctors' and dentists' surgeries, libraries and museums (including places of interest, such as historic buildings);
- financial institutions including banks, post offices, building societies and insurance companies;
- services by solicitors and advice agencies;
- property letting and management agencies and accommodation providers.

With home delivery shopping and the provision of virtual online services having increased as internet use has expanded, not all services are provided to shoppers on actual shopping streets, but most still are.

The importance of high streets and town centres is that they are not just for purchases - they are popular with people who want to support their local town and identify with it, and they provide social space that acts against isolation. A person's ability to maintain local social networks, to be part of their town and to enjoy the sense of belonging to it, should not be restricted because of their disability.

This literature review, like the primary research it informed, focuses on access by adults to services that most people consider part of everyday life, within Northern Ireland. It does not cover what are commonly called essential services, or those to which disability discrimination legislation is applied in a specialised manner. Thus statutory provision such as education, social security, transport and health are not examined in great depth.

## **What is disability?**

“There is no universally accepted definition of disability that meets the needs of all users at all times.”

So said the first report from the Northern Ireland survey of people with activity limitations and disabilities.<sup>1</sup>

It identified the common model used for data collection, the medical model, where disability is broadly defined as ‘any long-standing disability, illness, or infirmity that limits the respondent’s activities in anyway’, and an alternative, the social model, that focuses on the impact of the environment on a person’s ability to carry out everyday activities. These models encompass most current definitions, along with the newer, affirmative model, which takes a non-tragic view of disability and impairment, and rejects the assumption that disability is necessarily negative. Instead, those with an affirmative orientation view disability as difference that can be celebrated and that can enrich life. The social and affirmative models, however, are not well suited to identifying disabled persons for the purpose of data collection or measurement.

The Disability Discrimination Act (DDA)<sup>2</sup> defines disability as a “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day-today activities.”

The Disability Discrimination Order (DDO) 2006<sup>3</sup> amends the definition of disability so that people with progressive conditions such as cancer, HIV infection or multiple sclerosis (MS) will be deemed to be disabled from the point of diagnosis rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities. The DDO also removes the requirement in the DDA that a mental illness must be ‘clinically well recognised’ before it can count as an impairment for the purposes of the DDA.

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<sup>1</sup> NISALD

<sup>2</sup> DDA

<sup>3</sup> DDO

## **The prevalence of disability**

### **Northern Ireland Survey of people with Activity Limitations and Disabilities (NISALD)**

There is no comprehensive register of people with disabilities. Registering as being blind, partially sighted or deaf is a personal choice and many choose not to go through the process. Not every disabled person makes contact with social or health services in relation to being disabled.

In April 2004, a review commissioned by the Department of Finance and Personnel recommended a disability specific survey in Northern Ireland.<sup>4</sup> This was carried out by Central Survey Unit at the Northern Ireland Statistics and Research Agency (NISRA) during 2006 and published in 2007. In the Disability Strategy, launched February 2013, the Office of the First Minister and Deputy First Minister (OFMDFM) states “It is the intention to re-run this survey in 2016 and report on progress against the indicators developed from the 2006 baseline.”<sup>5</sup>

The 2006 survey was based on a household sample. Whilst acknowledging that not everyone with a disability lives in a private household but some are resident in communal establishments, it does provide the most recent and most widely accepted measure of prevalence of disability.

Almost two out of every five (37%) Northern Ireland households include at least one person with a disability. Around one-fifth of these households contain more than one person with a disability.

At an individual level 18% of the population in Northern Ireland are limited in their daily activities for reasons associated with a disability or long-term condition (322,000 people). This overarching figure disguises the fact that disability affects more adults than children (21% and 6% respectively.)

The prevalence of disability amongst adults varies significantly with age, ranging from 5% amongst young adults aged 16 - 25 to 60% amongst those

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<sup>4</sup> Spollen M, 2004 The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland First Report from the

<sup>5</sup> OFMDFM, Feb 2013, Pg 36

aged 75 and above, and at aged 85 and above the prevalence of disability increases to almost 67%.

Women (23%) are more likely to have a degree of disability than are men (19%), only partly due to their greater longevity, as this applies at all ages over 25. 17% of the adult household population indicated they have multiple disabilities.

More recently, the 2009/10 Continuous Household Survey (CHS)<sup>6</sup> reported that 23% of people surveyed had a limiting long-standing illness. This broke down as 22% of males and 24% of females.

Northern Ireland's over 65 population is set to increase sharply during the next ten years – and more than double in number over the next fifty years. This projected increase will mean that the number of people over 65 could rise by 22% by 2050. An even bigger percentage increase in the number of people aged 90 or over will mean that, fifty years from now there will be nearly ten times the number of people aged 90 or more.<sup>7</sup> An aging population will have a significant impact on the prevalence and nature of disability.

**Table 1: Prevalence and nature of disability in Northern Ireland**

<b>Survey 2007</b>	<b>Number</b>	
Children & Adults	322,000	18% of total population
Adults	285,000	21% of adults
Children	26,000	6% of children
<b>Mid Year Estimates 2008</b>		
Chronic Illness	40,982	
Mobility	35,127	
Dexterity	26,345	
Emotional /Psychological	14,636	
Breathing	14,636	
Hearing	11,709	
Sight	8,782	
Memory	5,855	
Communication	2,927	
Learning	2,927	

<sup>6</sup> NISRA, CHS 2009

<sup>7</sup> DHSSPS Feb 2012, Pg 21

Disabled people are not a homogenous group. Mid-year Estimates for 2008 from the Northern Ireland Survey of people with Activity Limitations and Disabilities (NISALD)<sup>8</sup> 'Categories of Disability Prevalence Levels' show that wheelchair users and those with restricted mobility represent just one in ten of the total population who experience disability.

### **Other population information sources**

The Disability Strategy and Action Plan published by the Department of Health, Social Services and Public Safety (DHSSPS)<sup>9</sup> collated information that shows just over half of the number of people who are blind or partially sighted were in contact with Trusts in the year to April 2010, as were just under half of those deaf or hard of hearing, and around 10% of those with physical disabilities. This shows that a very small proportion of the estimated disabled population access social care services and suggests that many are either living independently or with the care and support of family or private sector providers.

Against these research based estimates, organisations working with and for disabled people also provide information. For example, Action on Hearing Loss (AOHL) estimates there are 287,500 adults in Northern Ireland with some degree of hearing loss of which 20,500 have severe or profound hearing loss, severity varying with age.<sup>10</sup>

A range of estimates from the third sector has been usefully collated and summarised in the Disability Strategy and Action Plan published by the DHSSPS:<sup>11</sup>

- 230,000 people are affected by arthritis;
- approximately 35,000 people use wheelchairs;
- between 3,500 and 4,000 people have Multiple Sclerosis;
- over 150 people have Huntington's disease;
- 150,000 people have asthma (35,000 children);

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<sup>8</sup> NISALD ibid

<sup>9</sup> DHSSPS Feb 2012 Pg 20

<sup>10</sup> AOHL July 2012 Facts

<sup>11</sup> DHSSPS Feb 2012 Pg 20

- 1,700 people have prosthetic limbs;
- approximately 258,000 people are deaf or have a hearing loss;
- approximately 52,000 people are blind or partially sighted;
- an estimated 8,700 people have dual sensory loss;
- Tinnitus severely affects 8,900 people in NI.

The question of access to services for disabled people in Northern Ireland is thus of relevance to at least a third of a million people, their families and friends - more as the population ages. So, in terms of scale alone, it is of relevance to those who make their living providing services to the general population. It is also of relevance to those who wish to stay on the right side of the law.

## **The legislative, policy and regulatory context**

### **The Disability Discrimination Act**

The Disability Discrimination Act was passed on 8 November 1995. Under the Act service providers have clear duties not to discriminate against a disabled person by providing less favourable treatment or failing to make reasonable adjustments to the way services are provided. The DDA specifies that service providers should not wait until a disabled person wants to use a service, or tries to use it and cannot, but rather should anticipate the requirements and the adjustments that may need to be made.

The Act was implemented in stages. In December 1996 Part II made discrimination in employment unlawful. Part III made it unlawful to refuse service, offer a lower standard of service, or less favourable terms to disabled people. In October 1999 the second part of Part III was implemented requiring service providers to amend policies, practices and procedures that make access impossible or unreasonably difficult; and to provide auxiliary aids and services to allow access. Service providers in inaccessible premises had also to take reasonable steps to provide their service via alternative means.

The final implementation of the DDA in 2004 means service providers now have to take reasonable steps to remove, alter, or provide reasonable means to avoid physical barriers to the use of services. It also requires service providers to remove or change anything that is a physical barrier to gain access to premises.

The duty to make reasonable adjustments is the principle duty that gives disabled people the right to access services. A disabled person who feels they have been discriminated against can challenge a service provider. If they are not satisfied with the response, or cannot reach agreement about what is required, the disabled person can take the service provider to court. It is the court which decides what it is reasonable for each service provider.

There are circumstances where providing less favourable treatment or failing to make reasonable adjustments will not amount to discrimination if it can be justified under the Act in relation to health and safety, an inability to give informed consent or enter into an enforceable agreement, substantial extra costs, or protecting the rights and freedoms of others.

Today, the duties in the Act apply to any provider that offers goods or services to the public. Some, however, are excluded or treated differently under DDA, including education, transport, employment services, manufacturers, insurance, housing services and public authorities.

Transport is now subject to the Disability Discrimination (Transport Vehicles) Regulations (Northern Ireland) 2009, introduced in January 2010, which make it unlawful for transport providers to refuse a service, or provide a service of a lower standard or on worse terms to a disabled person because of their disability.

Public Authorities in Northern Ireland are subject to the Disability Discrimination (Northern Ireland) Order 2006. This derives from Section 49 of the DDA and imposes duties on public authorities to promote positive attitudes towards disabled people and to encourage participation by disabled people in public life.

These disability duties sit within a framework of other equality legislation in Northern Ireland, notably Section 75 and Schedule 9 to the Northern Ireland Act 1998 which from January 2000 placed a statutory duty on public authorities in Northern Ireland to have due regard to promote equality of opportunity across the nine protected grounds, including disability. The need to promote equality of opportunity applies to services provided by public authorities.

Not all changes in access to services have necessarily been the result of the introduction of the DDA / DDO. There have been myriad changes in the legislative and policy context in which practical provision is made.

### **The broader legislative and policy context**

Of recent years there have been many changes in legislation impacting on disabled people in Northern Ireland such as the Mental Capacity (Health, Welfare and Finance) Bill and The Autism Act (Northern Ireland) 2011. Less positively, the changes to the social security system rolling out from the Welfare Reform Bill, will affect disabled people and their access to services by altering their income.

Internationally, EC Regulation 1107/2006 stipulates the rights of disabled persons and persons with reduced mobility when travelling by air.

Article 3 of the 1975 United Nations Declaration on the Rights of Disabled Persons states:

“Disabled persons whatever the origin, nature or seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and as full as possible”.

This has been built on by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and optional protocol, an international agreement that came into force in May 2008. The UK government ratified it in June 2009. It commits the governments to ensuring that all human rights and freedoms of all people with disabilities are enjoyed, promoted and protected; and that the dignity of people with disabilities is respected. Article 5 covers equality and non-discrimination and commits the signatories to taking action to ensure that where changes to the environment are needed to enable a disabled person to enjoy their rights, then those changes will be made. It also allows for special actions to enable equality to be achieved stating these are not discriminatory against people without disabilities.

There have also been a number of policy developments that shape the context in which disabled people live. These include:<sup>12</sup>

- Programme for Government (PFG) 2011-2015;
- Review of Health and Social Care in Northern Ireland 2011;
- Review of Special Educational Needs and Inclusion;
- Accessible Transport Action Plan 2012-2015;
- 10 Year Strategy for Sport & Physical Recreation;
- DSD/DHSSPS Review of Housing Adaptations;
- Community Safety Strategy;
- Physical and Sensory Disability Strategy 2012-2015 DHSSPS;
- Promoting Social Inclusion report;
- Disability Strategy 2012-15 OFMDFM

The last, published at the end of February 2013 and entitled 'A strategy to improve the life of people with disabilities', is the most significant. It synthesises the recommendations of the Promoting Social Inclusion (PSI) working group<sup>13</sup> and the UN convention structures to set out a high level policy framework to provide coherence and guidance to government departments' activities.

In the Programme for Government (PFG) 2011-2015 the Executive set out its intention to deliver a range of measures under a Delivering Social Change Framework. The delivery of the Disability Strategy will sit within the DSC Framework, with the addition of seven work streams relating to disability, including access, particularly access to transport, and digital inclusion, and participation in sports and leisure.

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<sup>12</sup> A useful and more extensive list of recent legislative and policy changes that impact disability is found on pages 13 - 14 of the OFMDFM March 2012 consultation document: A strategy to improve the lives of disabled people – 2012 – 2015

<sup>13</sup> OFMDFM Dec 2009

## **Regulations, Standards and Guidance**

### **Building Regulations**

Access is the interaction of place, products, people and practices. In terms of place, or the built environment, the key instruments of control are the Northern Ireland Building Regulations. These are legal requirements made by the Department of Finance and Personnel and administered by the 26 District Councils. The Regulations are intended to ensure the safety, health, welfare and convenience of people in and around buildings. They include requirements on health, structural stability, fire safety, energy conservation and accessibility.

Technical Booklets, prepared by the Department of Finance and Personnel, provide guidance on methods and standards. Building Control enforces these standards that are 'deemed-to-satisfy' in compliance with Building Regulations Northern Ireland.

There is no obligation to follow the methods or comply with the standards set out in the Technical Booklets. If preferred, a designer or builder may adopt another way of meeting the requirements of the Building Regulations provided they can show that they have been met by other means.

Access to and use of buildings by people with disabilities is covered by Technical Booklet R in Building Regulations Northern Ireland. The legislation has changed during the years seeing the Technical Booklet amended and extended with a new Part R introduced in 2012 to supersede all previous standards.

Technical Booklet H - Stairs, ramps, guarding and protection from impact, and Technical Booklet V – Glazing, are also of relevance, whilst Technical Booklet Part E - Fire Safety, refers to means of escape including people with disabilities.

The main purpose of Technical Booklet R is to make it possible for people with disabilities to independently access and use a building. It covers building scenarios to enable people to:

- (a) get access to a building;
- (b) get into a building;
- (c) move around all floors of a building; and
- (d) get access to and use the facilities that are provided in a building.

## **British Standards**

The BIS Group publishes a wide range of standards for production, management and services. Its standard for access is set out in the publication 'A Code of Practice on Accessible Buildings BS 8300:2009+A1:2010'.<sup>14</sup>

The updated 2009 and 2010 standard includes new sub-clauses on accessible baby changing facilities and changing facilities; more information on means of escape from a building; and more references to BS 9999 Code of practice for fire safety in the design, management and use of buildings.

The Code offers best-practice recommendations and is referred to in Building Regulation Technical Booklet R. The BS 8300 guidelines are applicable to a wide range of public buildings from car parks to concert halls and pubs. It addresses a wide range of disabilities and considers the usage by disabled people who can be residents, visitors, spectators, customers, employees, participants in events, or those involved in public life.

## **Enforcement**

Compliance with the DDA is not inspected by any one public body however, any individual disabled person has the right to pursue a case under the DDA and the Equality Commission for Northern Ireland has powers of enforcement. It is also funded to educate and advise about the DDA and to support individuals who take cases based on the infringement of DDA provisions.

Compliance with the Building Regulations is checked by local authority building control officers during and on completion of works. The work need not comply with the standards set out in the Technical Booklets if it can be shown to meet the requirements by other means.

## **Existing research into access to, or experience of, services**

In 2004, a review of disability information carried out for the Department of Finance and Personnel (DFP) and the Northern Ireland Statistics and Research Agency (NISRA) concluded:

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<sup>14</sup> BSI 2010 <http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030217421>

*“..existing information sources have not developed sufficiently to provide adequate data that identifies the needs of people with disabilities, with respect to an ordinary lifestyle and access to the same opportunities as their age peers.”<sup>15</sup>*

The authors called for a disability specific survey that could be repeated on a ten-year cycle to allow the study of longitudinal trends. Further, it suggested that if this was started in 2006, the cycle of disability surveys would occur half-way between the national censuses. This recommendation resulted in the commissioning of the 2006 Northern Ireland Survey of people with Activity Limitations and Disabilities (NISALD). The new OFMDFM Disability Strategy launched 28 Feb 2013 states the intention that this survey be repeated in 2016.<sup>16</sup>

Spollen et al also proposed an annual digest of local research carried out in the disability field. There is no evidence that this has come about and information often remains within the domain of the commissioners.

This literature review has not located any longitudinal research specifically designed to measure the change in access to services brought about by the implementation of the DDA in Northern Ireland.

In 2006 NISALD asked 1,000 respondents about changes they had noted in the past five years. Adapt NI has more recently compared the change in the access features of the venues listed in their Access400 online guide in 2001 and in 2007. Consumer Focus Post is able to make some comparisons regarding access to post offices between 2004 and 2011. The ECNI has also published a monitoring report on the implementation of disability duties under the DDO which concluded that public authorities had a good way to go to attain implementation.<sup>17</sup>

More common are studies of access which do not evaluate change over time, but which do provide snap shots of what access to services was or is like for disabled people.

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<sup>15</sup> Spollen M et al April 2004 pg 118

<sup>16</sup> OFMDFM Feb 2013 pg 32

<sup>17</sup> ECNI, Dec 2010

The most relevant studies have been grouped under the following headings. Some information from GB has been included where it was felt useful and no local equivalent has been found.

- Research into service use by disabled people
- Research into barriers to accessing service
- Getting to services
- Using a town
- Attitudes
- Specific Services:
  - Hotels
  - Post Offices
  - Arts
  - Sports
  - Health
- Research into the barriers to improving access to services

### **Research into service use by disabled people**

Access to services provided in towns is still of great importance, despite the move to online and virtual services. In 2006 a GB survey of disabled consumers' buying behaviour by the then Employers Forum for Disability (EFD) and Royal Association for Disability Rights (RADAR) found that the majority of disabled people (63%) make most of their purchases in store rather than online (21%). Unsurprisingly, disabled customers spend a lot longer choosing where to buy than the average consumer and tend to make more 'informed choices'. The main decision factors underpinning customer choice are 'past experience of good service' and 'reputation for good service'. The same survey revealed that 66% choose businesses where they have received good service.<sup>18</sup>

More recently and in Northern Ireland, a 2012 survey of leisure activity by over 300 Beacon Day Service members found that during a two week period whilst

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<sup>18</sup> EFD and RADAR, 2006

23.5% of members had been out to play or watch a sport, the majority had been shopping (78.4%) and used a bus, train or car (77.1%).<sup>19</sup>

### **Research into barriers to access to services**

The Equality Commission conducted research in early 2002 to examine the extent to which disabled people experience difficulties when using services or social facilities in Northern Ireland.<sup>20</sup> Disabled people overall were presented with difficulties in undertaking activities such as shopping (29%) going to the cinema, theatre or concerts (18%), going to a leisure centre (18%) and eating out in a restaurant or having a drink in a pub (17%).

There were a number of notable gender differences. For example women (36%) were more likely to experience difficulties with shopping than men (21%). Similarly, women (20%) were more likely to experience difficulties with eating out in a restaurant or having a drink in a pub than men (13%). Men (42%) were also more likely to state that they had no difficulties doing any of these activities than women (36%).

In 2003, an ECNI report which looked specifically at disabled women and their identity, saw those taking part identify a number of access to services issues as important. These included accessible parking, accessible aisles and shelves in supermarkets, and cash machines being accessible for wheelchair users and for visually impaired people.<sup>21</sup>

The most recent study of disability in the UK was published by the Office for Disability Issues in February 2013. Part of the 'Fulfilling Potential' strand in the report "Building a deeper understanding of disability in the UK today" reviews a wide range of outcome measures that show change from their baseline year (usually 2005). It draws on data from a wide variety of sources, some are based on UK data, some are based on GB data and some are based on data from England only. Its findings may thus not be entirely transferrable to Northern Ireland, but are useful. Some relate specifically to services for example it finds that difficulty accessing transport has reduced by a fifth since 2005; difficulty accessing goods and services has fallen by a quarter and

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<sup>19</sup> Compass, 2012

<sup>20</sup> Cited ECNI, July 2003 pg 5

<sup>21</sup> Ibid pg 24

moving around public buildings is a barrier for some disabled people, particularly those with chronic health conditions or long-term pain.

The Department of Work and Pensions (DWP) has set indicators against which it measures disability equality. One indicator (F4) covers difficulties in accessing goods or services. In 2005, 40% of disabled people experienced difficulties, related to their impairment or disability, in accessing goods or services. In 2011 this had fallen to 32%. This covers accessing facilities at a private club, going to the cinema, theatre, concert, or going to the library, art galleries, museums, shopping, pubs, restaurants, sporting events, using public telephone, using websites, using a bank or building society, arranging insurance, arranging accommodation in a hotel/guest house, accessing health services / Local Authority services, Central Government services, law enforcement services, or any other leisure, commercial or public good or service. Data is for individuals in private households aged 16 over in Great Britain (not Northern Ireland) and is drawn from the Office of National Statistics (ONS) Opinions Survey 2012.

Ipsos MORI interviewed face-to-face 1,095 disabled people for Leonard Cheshire Foundation during 2009.<sup>22</sup> It is not a Northern Ireland study but does help elaborate on access to service use.

It found that 40% of disabled people say they have experienced difficulties in accessing goods and services in the last year, and nearly a quarter (23%) say they have faced discrimination related to their impairment in accessing goods and services in the last 12 months.

The types of problems experienced include:

- 16% of disabled people have experienced difficulty using public transport;
- 15% of disabled people have experienced a lack of facilities for disabled people;
- 13% of disabled people have experienced difficulty entering or getting around premises;

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<sup>22</sup> Leonard Cheshire Foundation, April 2010

- 5% of disabled people have experienced service providers talking down to them or using inappropriate language;
- 2% of disabled people have experienced difficulty in getting information in an accessible format.

This list of barriers reflects that found by Access Dorset in its 2012 survey of users of High Streets in Bournemouth, Poole and Dorset and summarised as:<sup>23</sup>

- poor transport infrastructure;
- the appropriateness and availability of accessible parking;
- barriers such as uneven paving, poorly constructed dropped kerbs and a range of street furniture;
- the lack of regular seating and resting places;
- the lack of Shopmobility schemes;
- the lack of accessible toilets which meet Part M Building Standards and offer reasonable cleanliness;
- the physical inaccessibility of some shops, including clutter;
- a lack of information about what access features are available;
- poor customer service which manifests as:
  - lack of knowledge and confidence of how to deliver good customer services to older and disabled people;
  - indifference to the needs of older and disabled people;
  - no clear procedure or guidance for staff on what they can do to assist disabled customers;
  - prejudice and stereotyping of older and disabled people resulting in patronising or condescending interactions, which people experience as being unpleasant and demeaning.

It seems that many of the barriers identified in 2002 remain in 2012. Most of these areas have been the topic for further studies, a selection of which is presented below.

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<sup>23</sup> Access Dorset Dec 2012

## Getting to services and transport services

In a 2002 study, the ECNI found public transport to be the service that presented the most difficulty. Overall 18% of disabled people reported a problem with using public transport, women (21%) being more likely than men (13%) to experience difficulties.<sup>24</sup>

This statistical information was elaborated upon by “All Aboard?” a case study report on disabled people’s experience of using public transport.<sup>25</sup> It found significant attitudinal and informational barriers, commenting that the case studies:

*“...highlight the fact that we have a transport system, both public and private, from which disabled people are largely excluded; and when they are included it is generally at additional cost and great inconvenience to them”<sup>26</sup>*

The publication was part of the ECNI’s contribution to 2003, the European Year of People with Disabilities and it called for an end to the transport exemption from the DDA.

Less than three years later, a third of respondents to NISALD said they had noticed an improvement in physical access to public transport facilities in the past five years, however 83% said they rarely or never used public transport and of those that did 16% experienced difficulties in the 12 months prior to interview. It is impossible to say if persistence in barriers to public transport or an increase in access to private transport has had most impact on use of the public system, but this data suggests that there had been little progress in improved access between 2002 and 2006.

In 2005, the Accessible Transport Strategy<sup>27</sup> identified five specific areas where barriers existed to travel by older people and disabled people. These included: physical, attitudinal or psychological barriers, information provision, type of transport services available and their affordability. It set out actions including new training schemes, new accessible information and new accessible services. The recently published Action Plan for 2012 -2015 seeks to reduce

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<sup>24</sup> Cited ECNI, July 2003 pg 5

<sup>25</sup> ECNI 2003 All aboard

<sup>26</sup> Ibid pg2

<sup>27</sup> DRD, April 2005

further the barriers to transport which remain for people with mental health and learning disabilities and older people.

The new focus on access for people with mental health needs seems timely. A 2012 survey of 305 Beacon members in Northern Ireland, found that almost two thirds (64.1%) said in the past year there had been times when they would have liked to take part in more leisure activity but were unable to do so, 46.2% reporting feeling restricted due to a lack of transport.<sup>28</sup>

In January 2010 The Disability Discrimination (Transport Vehicles) Regulations (Northern Ireland) 2009 came into effect to amend the Disability Discrimination Act. The DDA now covers services associated with transport infrastructure and timetabling, or services at stations or ports as well as transport services provided using buses, coaches, trains, taxis, rental vehicles and breakdown recovery services. This change ought to be reflected in improved access to transport services when next surveyed across Northern Ireland.

Most recently, the Department of the Environment (DOE) has commissioned a review of accessible taxi services in Northern Ireland and work with the taxi industry to explore options for improving the accessibility of their services. The research will be concluded in 2013.

Private transport is of great importance to disabled people. The Blue Badge scheme enables disabled people and their drivers to park closer to their destinations.

The Inclusive Mobility and Transport Advisory Committee (Imtac), surveyed on-street Blue Badge use in Belfast City Centre in 2010, 2011 and 2012 when in addition it surveyed Ballymena, Bangor and Lisburn town and city centres.<sup>29</sup> It found a higher percentage of Blue Badge use of on-street parking bays and yellow line concessions in areas where people have to pay to park on street. There is a wide variation between Blue Badge use in parking bays from location to location ranging from 12% in Bangor to 42% in Belfast City Centre Retail Core. There is some fear that misuse of the Blue Badge, by non-disabled

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<sup>28</sup> Compass, 2012

<sup>29</sup> Imtac, Feb 2013

people, could be a factor in increased usage in locations where the cost of parking may be a financial incentive for misusing the Badge.

People with a disability or reduced mobility are entitled to special assistance when travelling by air under European law (EC Regulation 1107/2006). The Regulation requires airports and airlines to provide assistance to passengers at all stages of their journey. This is monitored by the Consumer Council for Northern Ireland. In December 2012 it published research that showed only one in five disabled air passengers were aware of their rights.<sup>30</sup>

### **Moving about the town**

Once in a town, using it can be hampered by inaccessible pavements, road crossing, street furniture and other obstacles.

Imtac's report 'Barriers in the pedestrian environment'<sup>31</sup> found that parking partially or wholly on pavements restricting or blocking completely the pavement and parking across dropped kerbs and crossings making it impossible for disabled people to cross roads were key issues restricting movement. It also identified a number of issues that related to how service providers managed their premises and surrounds:

- illegal advertising boards that provide a moveable barrier for people with a visual impairment and restrict the width of pavements for other disabled and older people;
- shop displays and seating on the pavement around cafes and shops that restrict the width of paving and represent a hazard for many disabled people;
- bins and rubbish (from both domestic and business premises) left on pavements and pedestrian areas for long periods causing an obstruction and representing a hazard;
- overgrown hedges and trees encroaching onto the pavement.

Imtac surveyed Belfast City Centre walking routes in March 2010 and again in October 2012<sup>32</sup> to identify whether progress has been made in reducing

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<sup>30</sup> Consumer Council NI, Dec 2012

<sup>31</sup> Imtac, Oct 2012

<sup>32</sup> Imtac, Feb 2013

barriers. It concluded that, despite clear improvements the remaining significant issues mean that everyday journeys are still difficult for many disabled people. Again it notes that unregulated pavement clutter appears to be a growing problem and has the potential to greatly reduce the impact and benefits of wider investment in improved pedestrian facilities.

### **Attitudes of service providers**

The attitude of service providers was mentioned as something that either helps or hinders service use in the vast majority of the surveys and reports reviewed.

Although 87% of respondents to the NISALD survey said they are never or only occasionally prevented from doing something because of other people's attitudes 13% said that they are fairly/very often/always prevented from doing things because of other people's reactions to their disability.<sup>33</sup>

The DDO placed a duty on public bodies to promote positive attitudes towards disabled people however the evaluation report on the implementation of disability duties found that little had been done by public authorities beyond the basic compliance with the DDA.<sup>34</sup>

In Northern Ireland, negative attitudes to those experiencing mental ill health increased more notably between 2008 and 2011 than towards any other group. When asked which group they felt was treated most unfairly the proportion of people who answered 'disabled' has risen from 10% to 13% between 2008 and 2011.<sup>35</sup>

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<sup>33</sup> NISALD, 2006

<sup>34</sup> ECNI, Dec 2010

<sup>35</sup> ECNI, June 2012

## **Selected Sample of Specific Services**

### **Hotels**

Access information for eight hotels in Belfast was compiled by a Board member of the Centre for Independent Living to provide to conference delegates in August 2009. Most of those inspected had poor provision of accessible WCs and washing facilities. There was inadequate accessible parking that allowed safe and easy transfer into most of the premises. The accessible rooms provided little space and poor bed height for wheel chair users. Only the newest hotel, Encore in the Cathedral Quarter, was considered to approach a good level of access.<sup>36</sup>

During 2011/12 the Northern Ireland Tourist Board (NITB) worked with Disability Action on a means for accommodation providers to self assess and provide an access statement which might provide an indication of access levels in accommodation across Northern Ireland. The outcome of this work has not been published.

### **Post Offices**

Consumer Focus Post has a specific statutory duty to monitor the number and location of post offices, with a particular regard to consumers who are most vulnerable. Its predecessor, Postwatch Northern Ireland, conducted mystery shopping in 2004 to establish the accessibility of Northern Ireland's post office network, in particular for consumers who are wheelchair users or have limited mobility. It classified almost a third (32%) of post offices as poor or very poor in terms of overall ease of access. One in five had aisles classified as too narrow for wheelchair users and only 20 per cent of urban post offices provided allocated parking spaces for disabled consumers.

Influenced by this research, Post Office Limited launched a campaign to improve accessibility across the UK. It provided information, support and a fund to help finance adjustments. To date, 74 applications have been made to this fund from Northern Ireland post offices, with only two applications since 2010. It also worked with Direct Enquiries, to undertake a telephone audit of all post

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<sup>36</sup> Ridall, August 2009

office branches and present the information on both Post Office Limited's and Direct Enquiries websites.<sup>37</sup>

In March 2011, Post commissioned Millward Brown Ulster to mystery shop 100 post offices in Northern Ireland. This allows a direct comparison with 2004.<sup>38</sup> In 2011 over two thirds (70%) of post offices were rated as good for ease of overall access, with around a third (31%) rated as 'very good', an increase of 25 per cent since 2004. The percentage rated as poor or very poor, fell from 32% to just 8% in 2011. The 2011 report concludes that there is significant improvement in post office accessibility since the previous survey, but there are still further improvements required. In particular, concerns remain around:

- the low level of accessible car parking;
- the lack of level access and drop kerbs close to many post offices in Northern Ireland;
- the lack of disabled access symbols/signage at the entrance to post office premises;
- the number of steps at post office entrances;
- the lack of permanent ramps available or signage for temporary ramps; and
- the unnecessary obstacles and trip hazards inside many outlets.

In general, the Crown and larger post offices and those in urban areas were the more accessible, with the worst access being to the new Post Office Local pilots that are run via agents, such as supermarkets.

A few of the changes noted between the two surveys are presented in Table 2.

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<sup>37</sup> <http://pola.directenquiries.com/defaultPOL.aspx>

<sup>38</sup> Consumer Focus Post, Nov 2011

**Table 2: Access features of Northern Ireland Post Offices 2004 and 2011**

<b>Access feature</b>	<b>2004</b>	<b>2011</b>
Nearby parking spaces	76%	85%
Disabled car parking	13%	44% (60% of smaller branches have none)
Level access from the road to pavement	60%	60%
Drop kerbs	50%	59% (40% in Fermanagh and Antrim, 70% in Londonderry and Armagh)
Automatic doors	19%	41%
Obstacles on approach	16 %	16% (22% around rural branches, 6% urban ones)
Trip hazards and obstacles in aisles	25%	13%
Good or very good lighting	60%	88%
Disabled access symbols at the entrance	n/a	29%
Directional signage	n/a	57%

## Arts

In 2006, half of the respondents to NISALD said lack of interest was the reason that they never visited a cinema, theatre or art event. 36% of respondents stated that they never participated and were not interested in participating in sport or physical activity.<sup>39</sup>

At the same time, the Arts Council of Northern Ireland (ACNI) in association with the Arts and Disability Forum (ADF), commissioned MORI to identify engagement with and barriers to involvement in the arts. Through quantitative and qualitative research the study found that 47% of disabled people had attended an arts event in the past 12 months, compared to 73% of the non-disabled population. Arts attendance decreases with age, so the finding that the differential widens in the under 34 year old age group (66% compared to 89%), suggests that it is disability and not just age that reduces engagement. Access to arts workshops and participation in the arts was 15% for disabled people. It was 83% for the general population at the time.

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<sup>39</sup> CSU NISRA, NSALD July 2007

More than half of the disabled respondents would like to attend art events more often. The main barriers were getting to and from events 38%, the cost of the arts 38% and awareness of what is on 26%.<sup>40</sup>

The 'Barriers to Arts' study has not yet been repeated to note any change in Northern Ireland. In GB, however, the Office for Disability Issues monitors participation in cultural, leisure and sporting activities as one of its disability equality indicators (Indicator E3).<sup>41</sup>

Table 3 below shows that while disabled people remain significantly less likely to participate in all cultural, leisure and sporting activities than non-disabled people, there have been some increases.

Compared with the 2005/06 baseline, disabled and non-disabled people are more likely to have attended a historic environment site or a museum or gallery. Both have reduced engagement with Libraries, and the gap between disabled and non-disabled use is now small. How much the increased use of cinema by disabled people is due to enhanced captioning or audio description, as opposed to a general trend of increased attendance, is not discernible.

**Table 3: Participation in cultural, leisure and sporting activities (GB)**

	Disabled		Non disabled	
	2005/6	2011/12	2005/6	2011/12
Engagement with the arts	69.8%	71.8%	79.0%	80.7%
Historic environment sites	63.9%	67.0%	72.3%	77.1%
Museums and galleries	36.1%	41.3%	44.7%	51.9%
Libraries	43.8%	37.9%	50.0%	39.2%
Moderate-intensity level sport	37.2%	36.9%	60.4%	62.5%
Cinema	32.6%	35.3%	57.7%	62.9%

*Updated data is available quarterly from DCMS<sup>42</sup>*

One local indicator of physical access to arts is the analysis of Access400, undertaken by Adapt NI. This is an online guide to the access facilities available in arts and cultural venues. In an unpublished report comparing

<sup>40</sup> ACNI, 2007

<sup>41</sup> <http://odi.dwp.gov.uk/disability-statistics-and-research/disability-equality-indicators.php#f4>

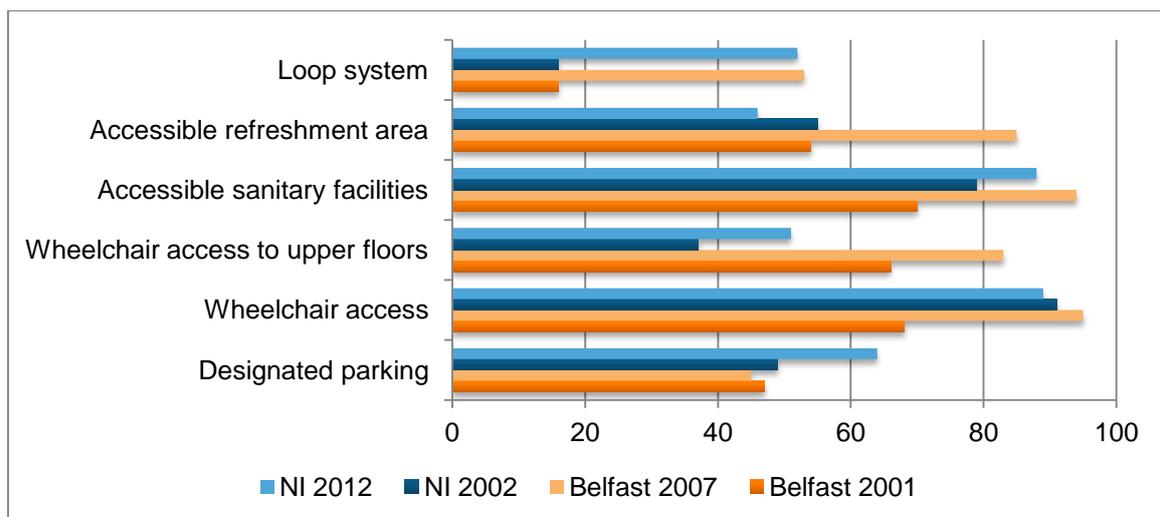
<sup>42</sup> <https://www.gov.uk/government/publications/taking-part-2012-13-quarter-2-statistical-release>

change over time, there can be discerned a clear improvement in provision from before to after the DDA came into full force.

The percentage of culture, arts, leisure, community and heritage venues that had facilities for people with disabilities before the DDA (2001 and 2002) and afterwards are shown below and are presented separately for Belfast and Northern Ireland.

The most notable change post 2004 is the increase in wheelchair access to cultural premises in Belfast, rising from 66% to 83% between 2001 and 2007. However, access for wheelchair users seems to have been particularly low in Belfast given that it was 91% for Northern Ireland as a whole in 2002. The slight decline in wheelchair access since may be due to new heritage sites that have been included as having limited access due to historical listing restrictions.

**Figure 2: Percentages of culture, arts, leisure, community and heritage venues having facilities for people with disabilities**



The proportion of venues with wheelchair access to upper floors has increased since 2001/2 but this may not represent an actual improvement as the number of one storey buildings is not identified and it could be that most venues do not have an upper floor. The provision of accessible refreshment areas is poor outside of Belfast. In fact, an accessible refreshment area is the access facility least likely to be provided within cultural venues. The only element that is weaker, and which has remained largely unaltered over the period 2002 to 2007, was the provision of designated parking in Belfast.

The area in which there has been the greatest increase in provision in cultural venues since 2002 has been in relation to hearing loops. Pre DDA only 16% of venues in Belfast and in Northern Ireland offered hearing support through either induction or infra-red systems. Today that stands at 53%. It remains that almost half of the venues do not provide hearing assistance for hard of hearing customers.

It is important to note that a number of venues closed and / or moved to premises that are more accessible over the past ten years and in the first half of the decade there were also capital grants available to facilitate adaptations to arts premises.

It seems the DDA may have had some positive impact on wheelchair access to premises in the cultural sector and enhanced the provision of accessible sanitary facilities but there is still some way to go to facilitate access in all areas of buildings. Whilst not all sites (e.g. heritage sites) will lend themselves to a loop system, there is still a long way to go to open up access through the use of hearing support, be that via a loop or other portable device.

As a broad comparison, Attitude is Everything mystery shopped 130 music venues, from pubs to arenas, across the UK over two years from March 2009.

82% had an accessible toilet, 81% had a step-free entrance, 56% provided step-free access throughout, 61% offered a viewing area specifically designated for disabled people and their guests,<sup>43</sup> 24% had a lowered counter or bar, 25% had a hearing loop or infrared system 17% advertised that they could provide their publicity materials in accessible formats. Just 8.5% of the venues mystery shopped were reported to have clear signage, a hearing loop system and accessible performances.<sup>44</sup>

Accessible performances are one possible reasonable adaptation for those with sensory loss.

A report by the Arts and Disability Forum (ADF) found that between 2008 and 2012 Northern Ireland audiences were offered captioned performances of 58

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<sup>43</sup> The provision of an unhindered view of a performance was the issue in a DDA case supported by the ECNI .McCord & Hagon v Odyssey Arena Ltd, Sept 2008

<sup>44</sup> Attitude is Everything, 2011

different theatre based shows. Typically, captioning of a performance is offered on one night at one venue, giving caption-using audiences less flexibility than other members of the public. The same study also found that, between 2005 and 2011, 52 shows were presented in Northern Ireland with audio description by local practitioners. 77% of these were presented in either the Lyric Theatre or the Grand Opera House.<sup>45</sup>

The Arts Council of Northern Ireland (ACNI), ADF, Adapt and Open Arts responded to the 'Barriers to the Arts' report by establishing the Arts and Disability Charter, a standard and management tool for increasing access to cultural venues. Its findings have been that while many venues now have wired loops or infrared hearing support systems, these invariably do not operate or do not operate well and hard of hearing people are not engaging with arts as a result.

The need for support to attend events, and to cover the cost of assistance to do so, has been addressed by the key venues offering free companion seats. This, however, is not a universal practice across Northern Ireland. Since 2009 the Cinema Exhibitors' Association Card has been in use as a means to verify that the holder is entitled to one free ticket for a person accompanying them to the cinema.

There are seven known participating cinemas in Northern Ireland, four in Belfast and one each in Derry, Portrush and Downpatrick.<sup>46</sup>

The listings service at [www.yourlocalcinema.com](http://www.yourlocalcinema.com), funded by the industry body Cinema First, provides weekly information on local screenings of subtitled and audio-described films. The organisers of the site do acknowledge that not all cinemas provide the service, and of those that do, not all publicise their shows well, if at all. An online check in the mid-week of February 2013 found subtitled films showing in Lisburn Omniplex (x 1) and Belfast Odeon, Victoria Square (x 2). The Audio described listing is in plain text, but when selecting for Northern

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<sup>45</sup> Kent & Keys, July 2012

<sup>46</sup> <http://www.ceacard.co.uk>

Ireland it lists local cinema links and loses accessibility. Those wanting to learn about audio described options need to ask their chosen cinema.<sup>47</sup>

## Sport

The one area where the gap has significantly widened between disabled and non-disabled participation is in moderate intensity level sport.

Between 2005 and 2011 the percentage of disabled people in GB taking part fell from 37.2% to 36.9%. In the same period, participation by non-disabled people rose from 60.4% to 62.5%.<sup>48</sup>

Locally, Disability Sports Northern Ireland state that, although basic access to sports facilities has improved significantly in recent years, as a direct response to the introduction of Part III of the Disability Discrimination Act in 2004, many sports facilities are unable to accommodate the needs of sports people with disabilities.<sup>49</sup>

The Accessible Walks Scheme is aimed at informing people with mobility issues. Walks on WalkNI.com have been classified into grades according to the accessibility of features on each route. Each walk is graded 1 - 5, with grade 1 being the most accessible and grade 5 being the least accessible. Examples of features taken into consideration are path surface, path gradient and presence of obstacles on the route. Of the 80 walks currently listed, 21% are graded as wheelchair friendly.<sup>50</sup> As found in surveys of access to other facilities, Counties Fermanagh and Derry provide least access.

**Table 4: Number of wheelchair accessible leisure walks**

Antrim	7	Armagh	3	Down	6
Tyrone	1	Derry/Londonderry	0	Fermanagh	0

*as listed at [www.outdoorni.com](http://www.outdoorni.com) 14/2/13*

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<sup>47</sup> <http://www.yourlocalcinema.com/ireland.html>

<sup>48</sup> <https://www.gov.uk/government/publications/taking-part-2012-13-quarter-2-statistical-release>

<sup>49</sup> <http://www.dsni.co.uk/access-guidelines>

<sup>50</sup> [www.outdoorni.com/local-outdoors](http://www.outdoorni.com/local-outdoors)

## Health

Across the UK disabled people are more likely to experience barriers to accessing health care<sup>51</sup> and this is true in Northern Ireland too, as recognised in the Northern Ireland Physical and Sensory Disability Strategy and Action Plan 2012 – 2015.<sup>52</sup>

In June 2006 the Equality Commission for Northern Ireland undertook a formal investigation under the Disability Discrimination legislation to evaluate the accessibility of health information in Northern Ireland for people with a learning disability. It found key barriers to access including: written health information not being produced in easily accessible formats; verbal communication not being adjusted to suit the specific needs of the person with a learning disability; a lack of familiarity with people with a learning disability; and a failure to allow time in a consultation for explanation.<sup>53</sup>

‘Is it My Turn Yet?’ is a 2009 study of access to GP practices in Northern Ireland. It was commissioned by Royal National Institute for the Blind (RNIB), Action on Hearing Loss (AOHL) and Belfast Deaf Association (BDA) who are representative of the community of sign language users.<sup>54</sup>

It showed that some improvements had been made since the Royal National Institute for Deaf People (RNID) report of 2004, ‘A Simple Cure’, which looked at the experiences of people who are deaf in accessing the National Health Service (NHS). Barriers, however, still remained. For instance:

- half of the GP practices have yet to provide any training to staff about deaf, visual, or general disability awareness – and only 15% of GPs have had any disability training;
- although 50% of those GP practices which responded have induction loops in their waiting rooms, only 16% of these have loops in consulting rooms, suggesting hearing aid users may face greater difficulties communicating when with a GP or practice nurse;

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<sup>51</sup> DWP, Feb 2013

<sup>52</sup> DHSSPS, Feb 2012

<sup>53</sup> ECNI, 2008

<sup>54</sup> RNIB, RNIB RNID BDA (NI) Sign Community, 2009

- a majority (65%) of GP practices have visual display boards - a positive development for people who are deaf or hard of hearing, but the report questions if enough is being done to assist people who are blind or partially sighted to get to their appointments and consulting rooms.

A smaller survey by Compass identified another barrier to health care services, namely that young people find the formal and prescriptive nature of social and other services hard to engage with. Young mental health service users told of their perception of being judged and labelled when using services. Often they are unable to find service providers close to their own age and this extended their perception of not relating.<sup>55</sup>

### **Accessing high street or virtual services online**

Eight in ten internet users (82%) say that they have saved money in the last six months by using the internet, for example comparing prices online or buying online. Close to half of all internet users (46%) say they have made 'significant' savings by buying something online rather than in the shops. And 33% use the internet for banking or paying bills<sup>56</sup>. Internet use therefore impacts not only on access to services but also on the cost of services.

In 2005 some 21% of disabled people primarily shopped online and 71% of disabled people in the UK use the Internet to find information on goods and services. As the penetration of home Internet access amongst disabled people continues to increase online transactions are likely to account for an increasing proportion of overall transactions.<sup>57</sup> In assessing equality of access to services, it is thus increasingly important to consider online access.

The research shows that disabled people are disadvantaged in accessing online services.

Across the UK 60% of disabled people can access the Internet at home – much less than the 86% of non-disabled people who can. In 2005 the figures for home internet access were 40% and 60%, so the gap has actually widened.

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<sup>55</sup> Compass, May 2010

<sup>56</sup> Ofcom UK Adults Media Literacy Report 2011

<sup>57</sup> EFD and RADAR, 2006

Access does vary, for example it is only 40 percent among disabled women aged over 64.<sup>58</sup>

The groups of adults who were more likely to have never used the Internet included people over 65, people who have been widowed and people with a disability. The region where people were least likely to have used the Internet was Northern Ireland, where 28.6 per cent had never done so.<sup>59</sup> This suggests that disabled people in Northern Ireland are specifically disadvantaged in accessing online services and services online.

### **Research into barriers to improving access to services**

Almost a decade after the DDA was fully implemented, why do barriers to services remain?

It may be that service providers remain unaware or uncertain of their legal obligations or do not perceive there to be a problem.

Research commissioned by the ECNI, into knowledge and awareness of the DDA looked at service providers in retail, finance, and leisure and entertainment. It found that all three sectors needed to be more aware of the DDA, especially the leisure and entertainment sector.<sup>60</sup> At that time 82% of businesses in both the retail and leisure and entertainment sectors compared to 74% in the finance sector, believed that disabled people would find their services and/or facilities either very easy or fairly easy to use. When asked if they were aware that from 2004 service providers must remove or alter a physical feature of their premises, or provide a reasonable means of avoiding the physical feature, for disabled customers, 15% of retail businesses, 12% of leisure businesses and 21% of finance service providers were aware of this duty.

It would be worthwhile repeating this study to see if knowledge has improved and perceptions of accessibility changed.

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<sup>58</sup> DWP, Feb 2013

<sup>59</sup> Internet Access Quarterly Update 2011, Q1, Office for National Statistics, May 2011

<sup>60</sup> ECNI, June 2002

Another reason for persistent barriers may be that over 1/3 of disabled customers do not complain about the poor service they have received – the business therefore may never know why they have lost that customer.<sup>61</sup>

The 'Rights and Reality' study undertaken by Ipsos Mori for the Leonard Cheshire Foundation found that more than a quarter (28%) of disabled people who had experienced difficulty in accessing goods and services had taken some sort of action to challenge this.<sup>62</sup> This action included:

- 17% mentioned the issue to a member of staff;
- 12% made a formal complaint to the organisation;
- 12% made sure they didn't use the shop or service again;
- just 1% took legal action;
- however, 62% who had experienced difficulties said they did not challenge them.

The persistence of barriers is also a result of the response to requests for their removal.

The Rights and Reality study found that of those who had taken action:

- 47% stated that there had either been no outcome yet or that the service provider did not do anything at all;
- 16% said there has not yet been an outcome;
- 24% said they did not do anything at all;
- 7% have been told the organisation will make improvements in its provision of services for disabled people but has yet to do so;
- 39% stated they had received a formal apology; and
- 9% stated the organisation had made improvements in its provision of services for disabled people.

This amounts to a sizeable level of inertia.

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<sup>61</sup> EFD & RADAR, 2006

<sup>62</sup> Gore & Parckar, April 2010

Why has the legislation not forced a better response to complaints?

Disabled people are not always aware of what their rights are. The study shows that 71% had either never heard of the Disability Discrimination Act, or knew little or nothing about it. People who were aware of it were not certain about taking a case.

Barriers to taking cases included the potential cost and time implications and a lack of information and support. Only 42% of disabled people said they felt they know enough about the law to be able to challenge unfair treatment.

In Northern Ireland, ECNI gives advice and guidance to every potential complainant on their rights and will help them lodge a discrimination claim if they wish to do so. In some cases the Commission will provide legal assistance and representation for a complainant. However, this does not mean that disabled people know this. The time and energy of taking a case remains a factor. The Rights and Reality report comments that:

*“..there are very few nationally recognised statistics on the number of accessible businesses or services, or the reasonable adjustments service providers have made to ensure equal access for disabled people. This is in part due to the broad terms in which the reasonable adjustment duty is framed, which, whilst giving service providers flexibility in meeting disabled people’s varied requirements, does also mean that there can be a lack of clarity for both providers and disabled people as to exactly what is and isn’t required under the law. This in turn means that it is difficult to collect authoritative statistics on the level of accessibility in the UK.”<sup>63</sup>*

Work for the Department for Business, Innovation and Skills around the legacy of the 2012 Olympics for disabled people <sup>64</sup> provided a different insight into the barriers to improving access to services.

Working with Small and Medium Enterprise (SME) membership organisations such as the Federation of Small Businesses (FSB), the Forum of Private Business (FPB), the British Chambers of Commerce and others, the researcher conducted interviews which highlighted the barriers small businesses face to

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<sup>63</sup>Gore & Parckar, April 2010 Pg 14

<sup>64</sup> Atkins Ltd, 2010

becoming more inclusive of disabled customers and the changes needed in the arguments and information presented to SMEs.

The main factors or 'barriers' precluding SMEs from becoming more inclusive of disabled customers were summarised as:

- lack of awareness of the business opportunity disabled consumers entail;
- attitudinal barriers: misconceptions and discomfort with disability;
- misconceptions of the notions of 'accessibility' and 'reasonable adjustments';
- fear of 'getting it wrong';
- dominant legal compliance messages and little emphasis on the business opportunity;
- a perception of "low enforcement" of the DDA;
- little active promotion and 'complacency' in engaging businesses.<sup>65</sup>

The researchers also interviewed SME advisers and Disabled Persons' Organisations. These interviewees highlighted the misconceptions about disability and the confusion around the concept of 'reasonable adjustments' as being the main impediments to change. Many SMEs associate 'disability' with wheelchair use and 'accessibility' with changes in the physical environment. This reinforces another misconception - that disability is costly to address. Unable to identify any 'visible' disabled customers, businesses would often lose interest.

The legal compliance message appears to have created a fear of 'getting it wrong' amongst service providers and so they opt to not act, believing this is a way of 'hiding' since DDA compliance is not policed. Further, as most cases are settled out of court there is little opportunity for businesses to draw 'lessons' from the experience of others. The report remarks:

*"..the dominant emphasis on legal compliance in messages has to some extent acted to reinforce misconceptions and attitudinal barriers to inclusiveness."*<sup>66</sup>

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<sup>65</sup> Ibid pg 16

### 3. Conclusions from the review

#### Common themes about barriers to access and change

While the figures and emphasis vary with the nature of the individual's disability, gender and age, there are common themes that emerge strongly and consistently from the research into access and the experience of disabled people in GB and Northern Ireland.

These can be used as context for the learning from the primary research which follows.

#### Barriers to access

Almost every study identifies issues centred around one of three areas, physical, information and attitude.

#### Physical

Although physical barriers have started to be addressed in public service premises, the core issues of getting to the premises (public transport, parking provision and street design/use) remain as strong in recent studies as they were ten years ago. The Imtac reports show that whilst improved crossings and dropped kerbs are making a positive difference, the move to use pavements for eating, advertising and sitting has created a new access challenge.

More recent studies and policy reviews have turned the focus from wheelchair access to the needs of people with visual or hearing impairment and learning disabilities.

#### Information

Back in 2000, Dunn and Morgan's work on barriers to essential services<sup>67</sup> identified a "strong and ongoing need" for all organisations to review their information material, printed, spoken and online, to ensure that people with visual or hearing impairments are not disadvantaged. The need to address the inaccessibility of information is a feature of almost every study since. In 2012,

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<sup>66</sup> Atkins Lts DBIS, 2010 pg 17

<sup>67</sup> Dunn & Morgan's, 2000, pg 8

the DHSSPS disability strategy notes the need for information that is more accessible and for information about access.

*“Information can hold the key to feeling empowered and being independent and is crucial to inclusion, yet many disabled people indicate that they are often unaware of what services are available to them.”<sup>68</sup>*

The ‘Attitude is Everything’ study comments, information informs decisions about service use:

*“Clear information on access provided prior to events is crucial to the customer being able to make an informed choice about whether to buy a ticket.”<sup>69</sup>*

### **Attitude**

The ‘Attitude is Everything’ study also highlighted an area noted in most other surveys and case studies, that of attitudinal access.

*“There is clear evidence from our Mystery Shoppers’ feedback that Disability Equality Training is important because it leads to a better awareness of the issues disabled people face at venues, a better understanding of access requirements and a better understanding of what facilities must be put in place. It also leads to more positive and welcoming staff attitudes towards disabled customers.”<sup>70</sup>*

The study of barriers to access seen from the point of view of service providers echoes this citing attitudinal barriers - misconceptions and discomfort with disability as one of the main factors preventing SMEs from becoming more inclusive of disabled customers.<sup>71</sup>

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<sup>68</sup> DHSSPS, March 2012, pg 53

<sup>69</sup> Attitude is Everything, 2011, pg 7

<sup>70</sup> Ibid, pg 7

<sup>71</sup> Atkins Ltd, 2010 Pg 16

## **Barriers to Change**

The barriers to making change identified in various studies tend to be one of two types - carrot or stick.

One camp suggests that lack of awareness of the potential value of disabled consumers and of what constitute good access is the key issue. They advocate more 'carrot' – encouragement by way of education and support.

The other proposes that the failure to be seen to enforce disability rights legislation is in essence a barrier. The solution advocated here is more 'stick' – educate and encourage disabled people to press for their rights and ensure service users are aware of the consequences of non-compliance.

## **Educate and support self interest**

Self interest ought indeed to drive service providers to offer improved access. Disabled consumers are a sizeable yet poorly addressed segment of the consumer market, worth £80 billion per annum in the UK.<sup>72</sup> For an average business disabled customers may account for up to 20% of the customer base. Disabled people are often accompanied by carers or family members. Carers make up just under 10% of the UK population. 58% of disabled people state that how a business treats them affects the buying decisions of their families and friends.<sup>32</sup> However, 70% of **all** consumers would feel more positive about a company if its product and marketing information showed greater focus on disabled people's needs.<sup>73</sup> In fact the survey of disabled consumers' buying patterns<sup>74</sup> revealed that a staggering proportion, 83%, had to take their custom elsewhere, to a more accessible competitor.

Given the strong link between age and prevalence of disability with the forecast of an aging population, businesses may very soon be losing more than a quarter of their potential customers by failing to respond to disabled customers requirements.

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<sup>72</sup> Ibid Pg 4

<sup>73</sup> Ibid, Pg 32

<sup>74</sup> EFD and RADAR, 2006

It follows that making businesses aware of this and educating them in how to create good access is the way to generate change.

One way in which service providers are already being encouraged to provide good access is the use of awards and standards. The Royal National Institute for the Blind, Action on Hearing Loss and the William Keown Trust are three examples of organisations offering impairment specific awards for access.

Others take a pan disability, whole organisation approach to assessing and rewarding good practice in the cultural and sports sectors. Adapt NI with partners the Arts and Disability Forum (ADF) and Open Arts operate The Arts and Disability Equality Charter. Adapt are the resource organisation in a cross-border campaign facilitating a pan-disability award 'Change a Little Change a Lot' which helps identify potential access improvements and rewards change across all service sectors. The Inclusive Sports Facility Accreditation Scheme is another example of a pan-disability initiative.

### **Educate and enforce rights**

The Leonard Cheshire study found that 76% of disabled people agree with the statement 'shops and providers would make their service more accessible if they felt they might face legal action'.<sup>75</sup> The work for the 2012 Olympic Legacy found a key barrier to be a perception of low enforcement of the DDA.<sup>76</sup>

The former study makes a number of recommendations including those below, which interestingly, move between advocating a stick and offering a carrot:

- improving awareness among disabled people of their rights;
- making sure enough legal support is available to people who do face discrimination;
- making sure that businesses are aware of all the evidence that suggests that making reasonable adjustments is not only a legal requirement, it is also good for business;

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<sup>75</sup> Gore & Parckar, April 2010

<sup>76</sup> Atkins Ltd, 2010, Pg 16

- making it easier for disabled people and businesses to improve accessibility, without having to go to court, by setting up an Ombudsman type service to help make judgements on cases, or developing special ‘Equality Tribunals’ to take cases. This, it suggests, could be developed from the existing Questions Procedure under DDA.

Likewise, the Olympic Legacy study comments on the need to be seen to enforce the DDA but also recommends a move away from the:

*“Dominant legal compliance messages and little emphasis on the business opportunity”.*<sup>77</sup>

When the OFMDFM reviewed the 95 responses to its draft Disability Strategy, it noted:

*“A few respondents argued that the strategy could only be effective if it were supported by some form of disability advocate or ombudsman akin to the provision that has been made for children or older people. Others represented a view that there was a need for a facility which could advise and direct parents/carers/newly disabled to the services that could best assist them to cope with their new circumstances. On balance those who sought support and direction significantly outweighed those who argued for a stronger and standalone complaints mechanism. This constituted a positive view that, generally, respondents preferred to seek a means to improve service provision than to seek a mechanism to address system weakness or failure.”*<sup>78</sup>

On balance, the emphasis of the recommendations of those reports reviewed, lies on the education and encouragement path rather than the enforcement approach.

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<sup>77</sup>Ibid, Pg 11

<sup>78</sup> OFMDFM, 2013, Pg 14

## Research recommendations reflected in recent policy

There are four clear common themes identifiable across the recommendations of the literature reviewed, including recent policy documents. These relate to the need to:

1. **Encourage** improved information provision;
2. **Educate** and train service staff;
3. **Encourage** service providers to remove barriers; and
4. **Enable** those who use services to address barriers and enforce the law.

### Information Provision

The need for accessible information has not been addressed as indicated by this extract from the Physical and Sensory Disability Strategy 2012 - 15.

*“Information can hold the key to feeling empowered and being independent and is crucial to inclusion, yet many disabled people indicate that they are often unaware of what services are available to them. Having access to information at the right time can help people stay independent and in control of their lives. However, information of itself is not enough for all disabled people: getting advice and advocacy in order to use it to best effect is needed by many.*

*Disabled people should not be disadvantaged in accessing information or services, and appropriate information should be available in a choice of formats, for example, audiotape, Braille, easy read or large print, on request. Information should reach everybody who might benefit from it in a form they can readily absorb. For this to be achieved, the right decisions have to be taken at the earliest stages of planning and budgeting. Accessible formats should never be an afterthought. Websites should be designed and maintained to the highest levels of accessibility and usability. People using different forms of communication such as British or Irish Sign Language (BSL / ISL) and those who are deaf or hard of hearing or are blind or visually impaired need support to help them access information about health and social care services.”<sup>79</sup>*

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<sup>79</sup> DHSSPS, Feb 2012. Pg 53

The Promoting Social Inclusion Working group recommendation 50 was:

*“The Executive should examine ways in which to significantly expand capacity in the provision of advice and training to organisations, both within the public and private sectors throughout Northern Ireland on the provision of accessible information and accessible formats.”<sup>80</sup>*

OFMDFM responded by making information a key action area in the Northern Ireland Disability Strategy.

*Strategic Priority 6: Increase the level of accessible / inclusive communications so that people with disabilities can access information as independently as possible and make informed choices.<sup>81</sup>*

### **Skills Training**

The ‘Attitude is Everything’ research summarised well the need for training that is identified across most of the research reviewed:

*“There is clear evidence from our Mystery Shoppers’ feedback that Disability Equality Training is important because it leads to a better awareness of the issues disabled people face at venues, a better understanding of access requirements and a better understanding of what facilities must be put in place. It also leads to more positive and welcoming staff attitudes towards disabled customers.”<sup>82</sup>*

The Promoting Social Inclusion Working group recommendation 71 was:

*“The Executive and the Equality and Human Rights bodies must ensure the delivery of disability equality training and other sensitising activities across public, private and NGO sectors.”<sup>83</sup>*

OFMDFM did not make training a key priority in the Disability Strategy opting to focus on the broader notion of awareness.

*Strategic Priority 4: To develop, in partnership with disabled people, a range of awareness raising activities, including those aimed at the general public, to challenge the negative perceptions regarding people with disabilities.<sup>84</sup>*

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<sup>80</sup> OFMDFM, Dec 09, Pg130

<sup>81</sup> OFMDFM, March 2012, Pg2

<sup>82</sup> Attitude is Everything, 2011

<sup>83</sup> OFMDFM, Dec 09, Pg147

Our research suggests that while making people aware is necessary for improvement, it is not sufficient and service personnel need specific training to equip them to change the environment for disabled people.

### **Encourage service providers to make change**

The OFMDFM Disability Strategy simply states two services related priorities:

*Strategic Priority 5: Eliminate the barriers people with disabilities face in accessing the physical environment, transport, goods and services so that disabled people can participate fully in all areas of life.*

*Strategic Priority 16: Improve access to sport, arts, leisure and other cultural activities so that disabled people be part of the community.*<sup>85</sup>

The Promoting Social Inclusion report encapsulates a common thread about engaging service providers in making these changes in its recommendation number 70:

*“The Executive should work with industry organisations as partners in this campaign to address the apparent lack of awareness amongst business organisations of the spending power of disabled people and the need to make services accessible to them. This campaign should be informed by available research on attitudes and, where gaps in research are identified, the Executive should carry out or commission further research.”*<sup>86</sup>

The work for the Olympics legacy identified seven main factors or ‘barriers’ precluding small to medium enterprises (SMEs) from becoming more inclusive of disabled customers:

1. lack of awareness of the business value of disabled consumers;
2. attitudinal barriers: misconceptions and discomfort with disability;
3. misconceptions about ‘accessibility’ and ‘reasonable adjustments’;
4. fear of ‘getting it wrong’;
5. dominant legal compliance messages rather than business opportunity;

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<sup>84</sup> OFMDFM, March 2012, Pg2

<sup>85</sup> OFMDFM, March 2012, Pg2

<sup>86</sup> OFMDFM, Dec 09, Pg144

6. a perception of “low enforcement” of the DDA;
7. little active promotion and ‘complacency’ in engaging businesses.<sup>87</sup>

Items 2, 3 and 4 would, in the main, be addressed by work relating to personnel training. Items 1, 5, 6, and 7, however, require an approach that directly engages business to demonstrate the benefits of good practice and the sanctions of non-compliance. In this regard the findings from the DPW study by Atkins are enlightening. It found three main barriers to successful engagement with SMEs:

- A lack of material in respect of the business opportunity disabled customers entail for departments and agencies to use in promoting accessibility and inclusiveness to businesses.
- A communications process that centres on publications and information rather than on a more proactive and direct approach.
- A use of language and information channels (e.g. the new letters and websites of government agencies or disabled people’s organisations) that are not generally used by SMEs or even larger businesses.

### **Enable disabled service users**

The OFMDFM Disability Strategy places the involvement of disabled people at the centre of the actions proposed:

*Strategic Priority 1: Increase disabled people’s opportunity to influence policies and programmes in Government including the delivery of this Strategy and the subsequent Action Plan.*

*Strategic Priority 3: Increase awareness among disabled people of their rights and opportunities through a range of communication activities.<sup>88</sup>*

Research by Gore and Parckar into disabled people’s experiences of accessing goods and services make a number of key recommendations including:

- improving awareness among disabled people of their rights;

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<sup>87</sup> Atkins, 2010, Pg 16

<sup>88</sup> OFMDFM, March 2012, Pg2

- making sure that there is enough support for people who do face discrimination;
- making it easier for disabled people and businesses to improve accessibility without having to go to court, perhaps by using the Questions Procedure under the DDA.<sup>89</sup>

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<sup>89</sup> Gore & Packar, 2010

## 4. The primary research commissioned by ECNI

### Methodology

In establishing a baseline measure of current access provision, the work sought valid experiential feedback at the heart of the process. A methodology was therefore devised to balance rigorous audit and the actual experience of disabled people who use these every day services.

The central research questions were:

- What, if any, impact has the disability discrimination legislation made to every day access to services for disabled people?
- What are, should, and could be the standards of disability access in Northern Ireland?
- In accordance with its statutory duties and functions, what should / could be the role of the ECNI in attaining and maintaining access standards?

To address these, the ABC research project undertook:

- A literature review of work to date on access and any indicators of change since 2004. This is presented in Chapters 2 and 3.
- A Northern Ireland wide survey of the experiences of disabled people when using services.
- An assessment of experiences of services by disabled people by means of mystery shopping a selection of 100 services across five towns and cities.
- A technical audit of access to services conducted in 25 of the premises that were mystery shopped, across five towns and cities.

The central tenet of the approach was that the selection of the services, locations assessed and the means of assessment would be informed by the real life experiences of services used by disabled people in Northern Ireland.

## **Process for data gathering**

**A roundtable advisory group** was set up to establish which services disabled people use, or would like to use, which were to be assessed during the research and to test the relevance of the data gathering tools.

**Experience reports** were gathered to document the experiences of those who are impacted most by limited accessibility. 29 mystery shoppers visited the premises of 100 service providers in five locations during February and March 2013. Each shopper prepared a report based on their visit (see Appendix Six: Experience report).

Locations were selected to span the five main sizes of local government district and all but one county as well as providing an urban/rural mix (see Appendix Two: Criteria and selection of locations).

Given the desire to reflect the right of the disabled person to access the same services as the non-disabled, premises were selected to reflect general use of services. Premises were thus those located on the main shopping streets of each location. They were selected based on being the nearest to the bus depot / set down point. Where there was no provision on the main street, the next closest was chosen. Where there was more than one service provider meeting the criteria, the one to be audited was selected by lot. Services were located using Google maps street view. Each was called anonymously to ascertain if they were still trading and providing the same service in the same location.

A 'shopping basket of services' was used as it is an economic concept familiar to the lay person. It also allows for comparison between locations and over time. The contents of the basket, listed below, were developed and changed during consultation with the round table advisers and communications nexus members (see Appendix Five).

Changes made included the addition of Post Office and a convenience store as services widely used by disabled people. The service listed as 'Petrol Station' was redefined to distinguish between use for fuel and peripheral shopping facilities usually now available around the fuel payment area. The services of Cafe and Restaurant were combined.

1. Supermarket
2. Convenience corner shop
3. Butcher / Grocer
4. Chemist / Pharmacy
5. Petrol Station fuel / shop
6. Clothes shop
7. Hairdresser
8. Bank (inc ATM)
9. Post Office
10. Library
11. Sports facility or Gym
12. Art centre or theatre
13. Cinema, bingo or amusements
14. Take away / Fast foods
15. Restaurant or Cafe
16. Public House
17. Hotel, B&B or Guesthouse
18. Taxi depot
19. Council offices
20. Dentist or health professional (not requiring pre-registration)

One non-statutory service not included in the list during consultation, but since highlighted by a number of survey respondents, is worship / church. Access to churches ought to be considered in future work.

**A NI wide survey questionnaire** was devised to measure access as experienced by disabled people across Northern Ireland. To allow comparison and conflation, it matched the key aspects of both the audit and the experience reports and aimed to capture the views of the wider population. This was made available online and in alternative print formats, including an easyread version devised by Mencap for use during assisted completion. The software used was tested for compatibility with JAWS (a screen reader) by a blind user and RNIB promoted the survey through Sound Vision Ulster and Guidedogs via its

newsletter, advising of the facility to complete the survey over the telephone. Members of British Deaf Association worked through the survey and assisted other British Sign Language (BSL) users where appropriate. 236 responses were received (see Appendix Three: NI wide survey).

**Supported data gathering** To compensate for the barriers to engagement for hard to reach groups identified by the Advisors, facilitated focus groups, mystery shopping and survey completion sessions took place to engage adults with learning disabilities and BSL users (see Appendix Four: Supported data collection activities).

**A communications nexus** was set up to enable wider engagement across the spread of impairments and geography. Members of the Nexus assisted in the recruitment of mystery shoppers the dissemination of the survey and sourcing of research for the literature review. Consultation with Nexus members helped to ensure the survey questionnaire was suitable for a large range of people with disabilities across Northern Ireland (see Appendix Five: Members of the Communications Nexus).

**Technical audits** were conducted at 25 properties based on the comprehensive structure developed by Adapt and used by them for professional audits for a broad client base. It focussed on the requirements of Building Regulations, BS 8300:2009 +A1:2010 and the Disability Discrimination Act 1995.

The audit focussed on the physicality of the premises, including:

- External – approach, drop off, parking, public transport, entrance/egress;
- Internal – horizontal and vertical circulation, sanitary provision, auxiliary aids for people with sensory impairments, way finding signage;
- Egress – provision for emergency evacuation from the premises;
- Communication of services – nature and location of information about the service provided on site, including access to information about prices, special costs and offers.

By comparing the findings of the audit with data drawn from the experience reports, a more comprehensive understanding of the needs of disabled people against the current standards is reached (see Appendix Seven: Auditors scoring report).

## Data sources

### Nature of the NI wide survey respondents

A total of 236 people responded to the NI wide service survey.

### Geographic spread

Just under half of the respondents (48%) gave their nearest town as being one of the main conurbations of Belfast, Derry - Londonderry, or Lisburn. These areas hold 49% of the general population. There is a good match to the general population distribution in terms of urban / rural residency. A full list of towns referenced by respondents is given in Appendix Eight.

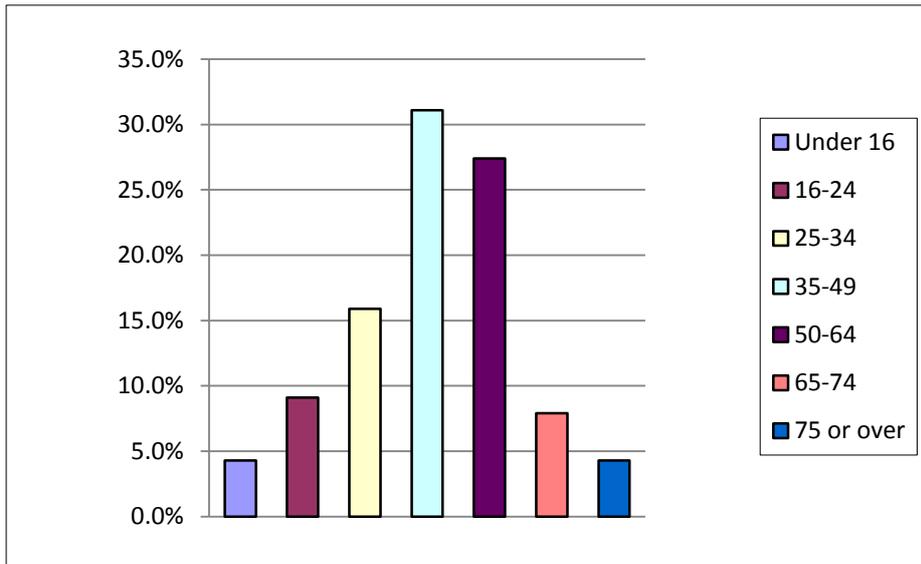
**Table 5: Number and percentage of survey respondents by location**

Location	No.	% of total
Belfast	79	33%
Derry-Londonderry	19	8%
Lisburn	17	7%
Excluding the above:		
Co. Antrim	26	11%
Co. Armagh	13	6%
Co. Down	32	14%
Co. Fermanagh	12	5%
Co. Londonderry	13	6%
Co. Tyrone	25	11%

### Demographics of survey respondents

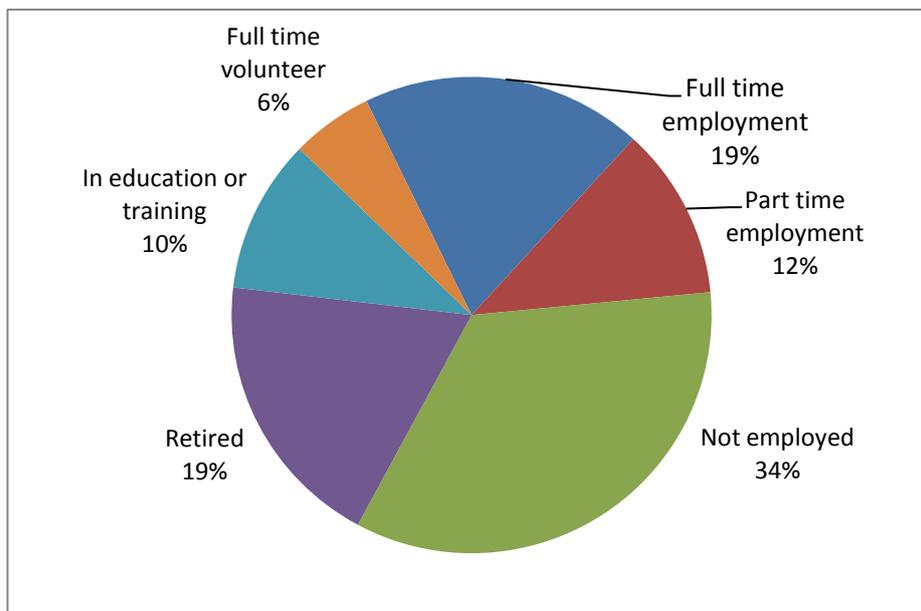
Of the 164 who gave personal details, 62% were women. Eight out of ten replying lived with family, a partner or other people, the others live alone.

**Figure 3: Age of survey respondents (N = 164)**



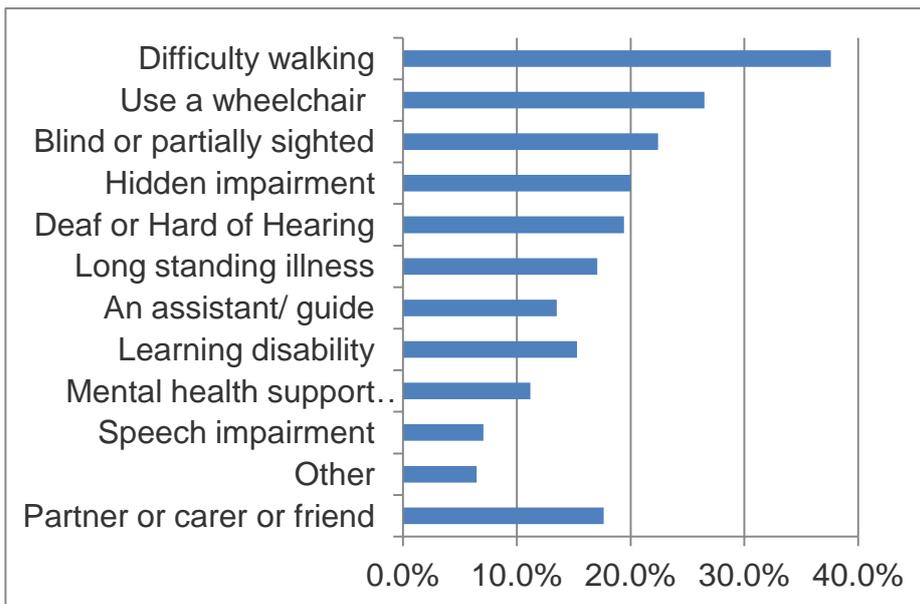
Three quarters were aged between 25 and 64, an age profile younger than is usual for the general disabled population. This could be because the nature of the survey caused older people, who may less often use services, to have self selected out of responding. It may also be that older people were more likely to withhold their age and other personal details, so skewing the results.

**Figure 4: Employment status of survey respondents (N = 163)**



Just under a third of those who replied to the survey were in employment and just over a third was unemployed. Nearly one in five were retired and one in ten was in education or training.

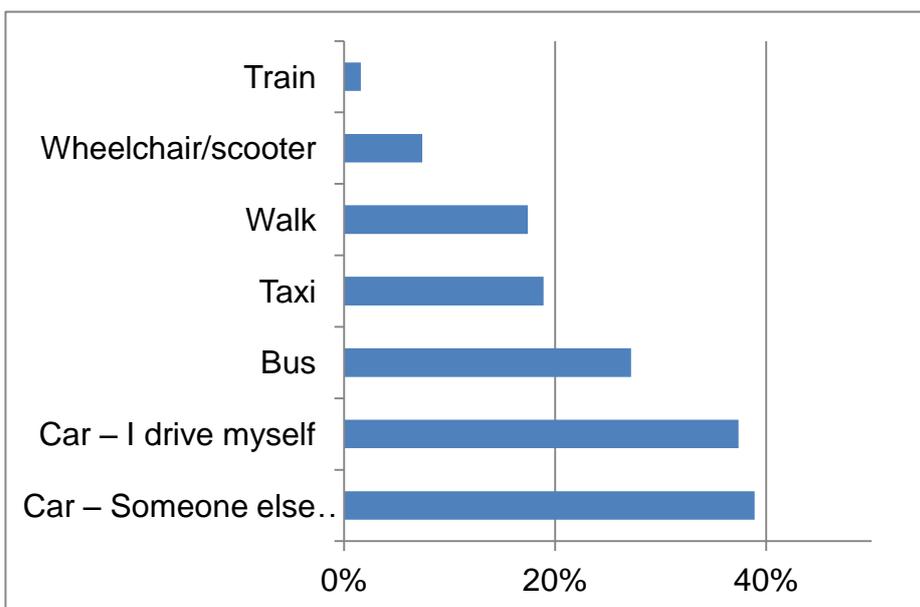
**Figure 5: Nature of disability of survey respondents (N = 170)**



Those responding could identify as having more than one disability. There was good representation from people across a range of impairments and strong representation of people who have multiple disabilities.

Over a third of those replying to the survey (38%) had difficulty walking. Around one in four used a wheelchair, one in five was blind or partially sighted, likewise 20% had a hidden disability and 20% were hard of hearing.

**Figure 6: Transport used to access services by survey respondents (N = 190)**

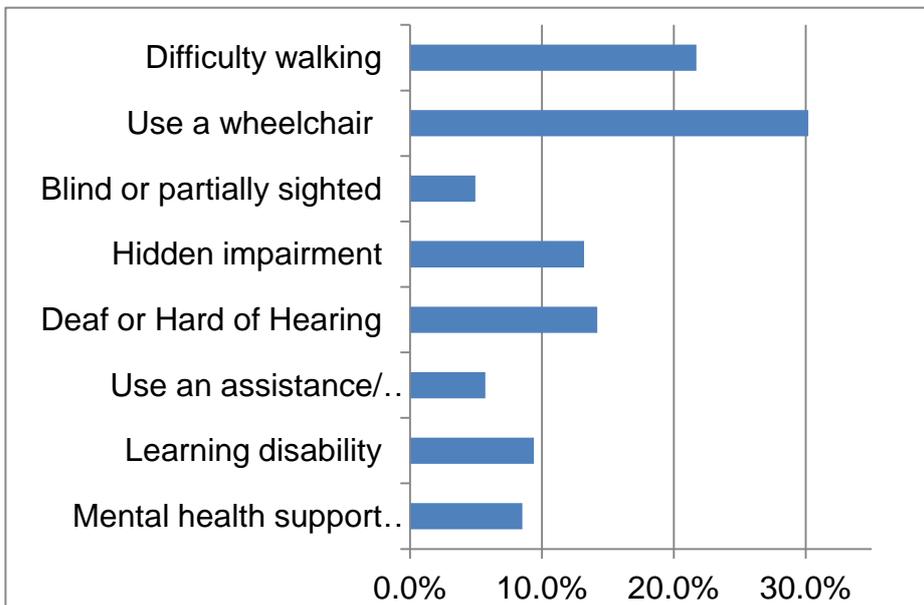


In the NI wide survey, most people travelled by car but a significant proportion used buses, including 'door to door' and community buses.

### Nature of the experience reporters

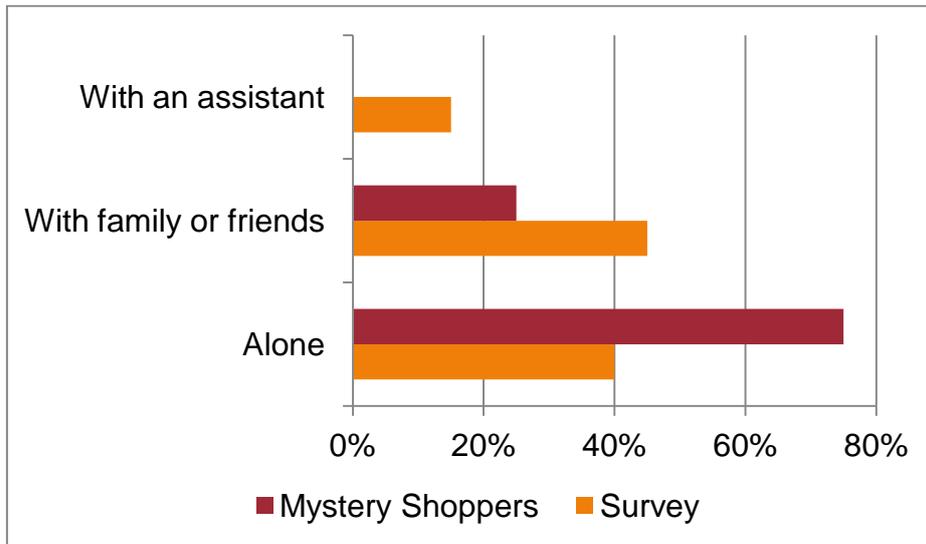
29 mystery shoppers filed reports on 100 premises which they visited across five cities / towns between February and March 2013. These were selected as described in the methodology.

**Figure 7: Nature of disability of experience reporters**



Unlike respondents to the survey, mystery shoppers tended to record only one impairment. It is possible that a number had multiple disabilities that would have informed their assessments. In comparison to the survey there is a considerably smaller proportion of ratings from people who are blind or partially sighted or who have difficulty walking.

**Figure 8: Percentage of survey respondent and experience reporters using services alone or accompanied**



Most experience reports were prepared by people who used the service on their own, whereas respondents to the survey were most likely to use services with family or friends or an assistant.

### **Nature of the technical audits**

Audit surveys of twenty five of the premises that were mystery shopped were carried out during March 2013 as described in the methodology.

The audit measured how far premises were from criteria or good practice standards set out in the Building Regulations Northern Ireland, Technical Booklet R 2012 and BS8300:2009 + A1:2010. It did not measure items that are largely subjective (such as customer care) or where there is no accepted standard of good practice. None the less, the Auditors covered many of the areas addressed by the mystery shoppers and the survey respondents so that the ratings may reasonably be compared.

## 5. Benchmarking access

### The benchmarking matrix

Marking in the NI wide service survey, the experience reports from the mystery shoppers and the Audits conducted by ADAPT NI adhered to the same scale.

The scale adopted for the survey questionnaires and the mystery shoppers experience reports reflected different levels of satisfaction as follows: 1 Not at all satisfied, 2 Somewhat satisfied, 3 Satisfied, 4 Very satisfied, 'Not relevant' was included as an option to account for different needs of people with disabilities.

The audit surveys gathered information and, where appropriate, dimensional measurements that could be related to the Building Regulations Northern Ireland, Technical Booklet R 2012 and BS8300:2009 + A1:2010. As Building Regulations and British Standards change over time and make different provisions for new and existing buildings, the audit scoring scale cannot reflect absolute measurements against compliance. Instead, the score awarded marks the distance from the ideal as set out in current legislation.

To match the scoring from the survey questionnaire and experience reports, the audit also used a scale of 1 Poor, 2 Average, 3 Good, 4 Very good.

The original proposal was to calculate average scores for four impairment groups across four different aspects of access, which included two measures for physical access (external and internal) and a mark for health and safety provision. It was also proposed that each element be weighted. This was altered in light of research advisers feed-back that it would give too great a weight to physical access and could result in an outcome dominated by the needs of wheelchair users and people with mobility impairments. It was also suggested that the ability of respondents to assess health and safety provision would vary so widely that it might make the result meaningless. Testing the revised matrix showed that the nature of the four proposed impairment groups did not allow for the wide range of impairments identified by those replying to the survey and the number of people with multiple impairments.

So instead of calculating the mean of twelve average scores awarded by four impairment groups, a simple average of all the scores of all the respondents has been used for the benchmark in the survey, as in Table 6 (example figures).

The average scores of each impairment group are then analysed separately better to understand the overall score.

**Table 6: Benchmark calculation for the NI wide survey & experience reports**

<b>Access Element</b>	<b>All impairments average score</b>
Physical Access	1
Customer service	2
Information Provision	3
Mean score (also score out of 4)	2

The same process was used to benchmark the experience report scores. That is the average scores for physical, customer and information were added and an overall average calculated as the benchmark.

For the technical audit, only the physical and information average scores were used in calculating the benchmark as there was no direct measure of customer service other than the provision of disability awareness training for employees.

## The benchmarks for access to services 2013

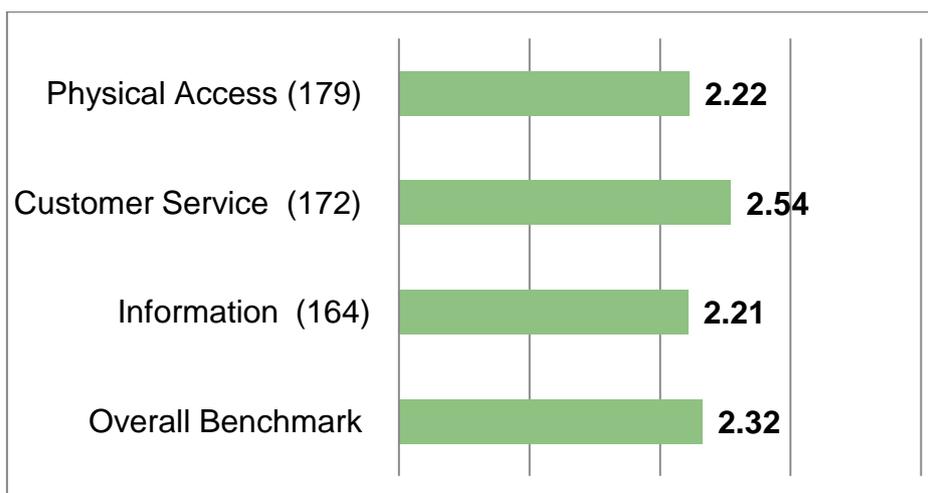
People who completed the survey or experience reports rated their satisfaction with three elements of access to services: the general level of physical access, customer service and information provided.

The scale used was 1 Not at all satisfied, 2 Somewhat satisfied, 3 Satisfied, 4 Very satisfied. A 'not relevant' option was also given.

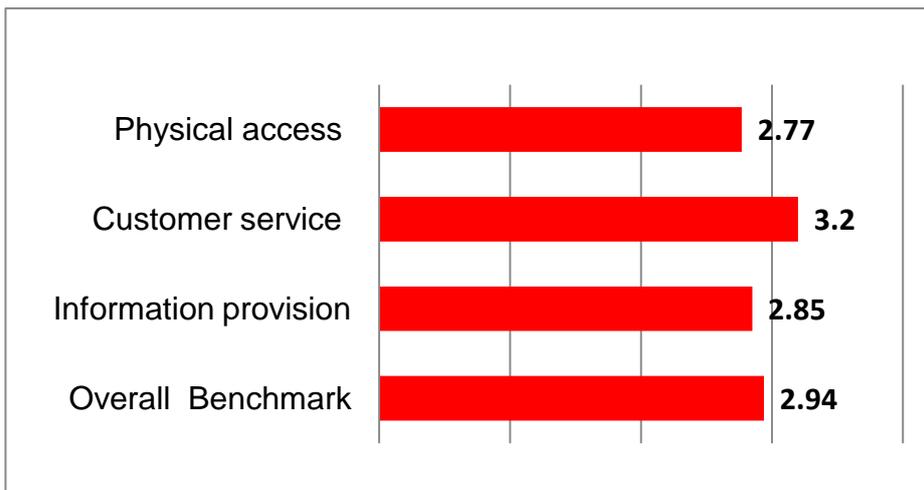
The Auditors used a scale of 1 Poor, 2 Average, 3 Good, 4 Very good or 'not relevant'.

\* Note: The audit did not subjectively assess actual customer service but checked whether staff had been trained in disability awareness in general or in any specific impairment in particular. 32% of services had an employee training programme that included an aspect of disability and so a rating of 1.28 has been used (i.e. 32% of the maximum score of 4). This rating has been created for illustrative purposes only and is not a measure of how good or bad customer service actually is. It was not used in calculating the overall audit benchmark.

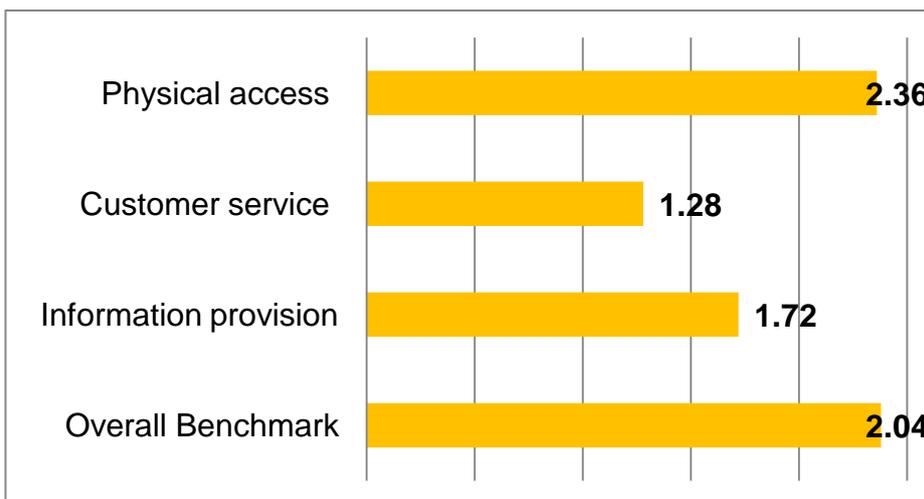
**Figure 9: Benchmarks for access - the NI wide survey (N = 106)**



**Figure 10: Benchmarks for access - the experience reports (N = 106)**



**Figure 11: Benchmarks for access - the technical audits (N = 25)**



**The average scores, or benchmarks, for access are:**

**NI wide survey is 2.32.** Within this, not one element attained an overall 'Satisfied' score of 3 or more.

**Experience reports is 2.94.** Customer service was the only element that attained an overall 'Satisfied' score from mystery shoppers.

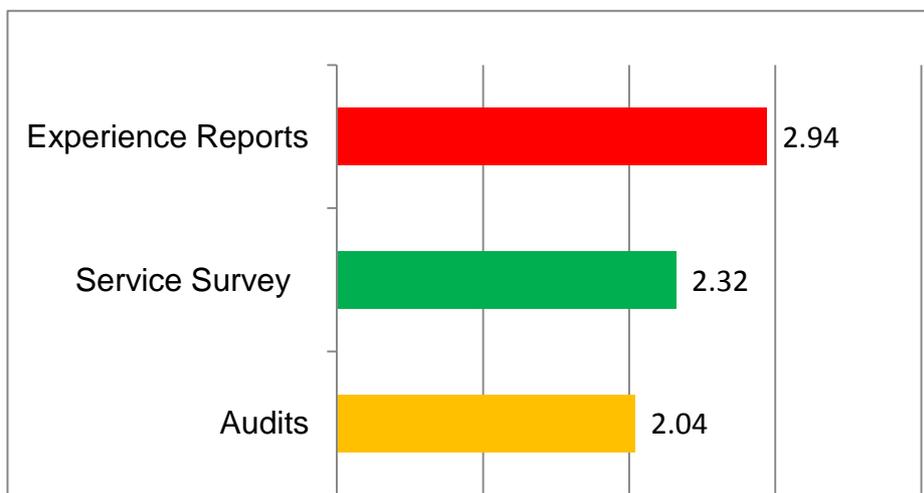
**Technical audits is 2.04.** Within this, not one element attained an overall 'Satisfied' score and information provision is rated as poor.

Experience reporters gave higher scores than the survey respondents on all elements. It could be that those completing the survey and drawing on memory, rather than a specific recent incidence, were more likely to recall negative experiences. It could also be that the act of mystery shopping in itself made the experience reporters feel better about the situations and people they encountered.

The audit generally scored below the levels given by individual disabled people in the survey and mystery shopping. This is likely to be because the audit considered aspects of provision which not every individual answering the survey or mystery shopping may have been aware of (e.g. provision of easyread materials, hearing loops, way finding signage).

In 2013 access for disabled people to services in Northern Ireland is below a level considered good by trained access Auditors, or satisfactory by disabled service users. Although 68% of service providers have not received any disability awareness training, customer service as experienced by disabled people is approaching a satisfactory standard, physical access has some way to go and the provision of accessible information is particularly weak.

**Figure 12: Benchmarks for access in Northern Ireland**

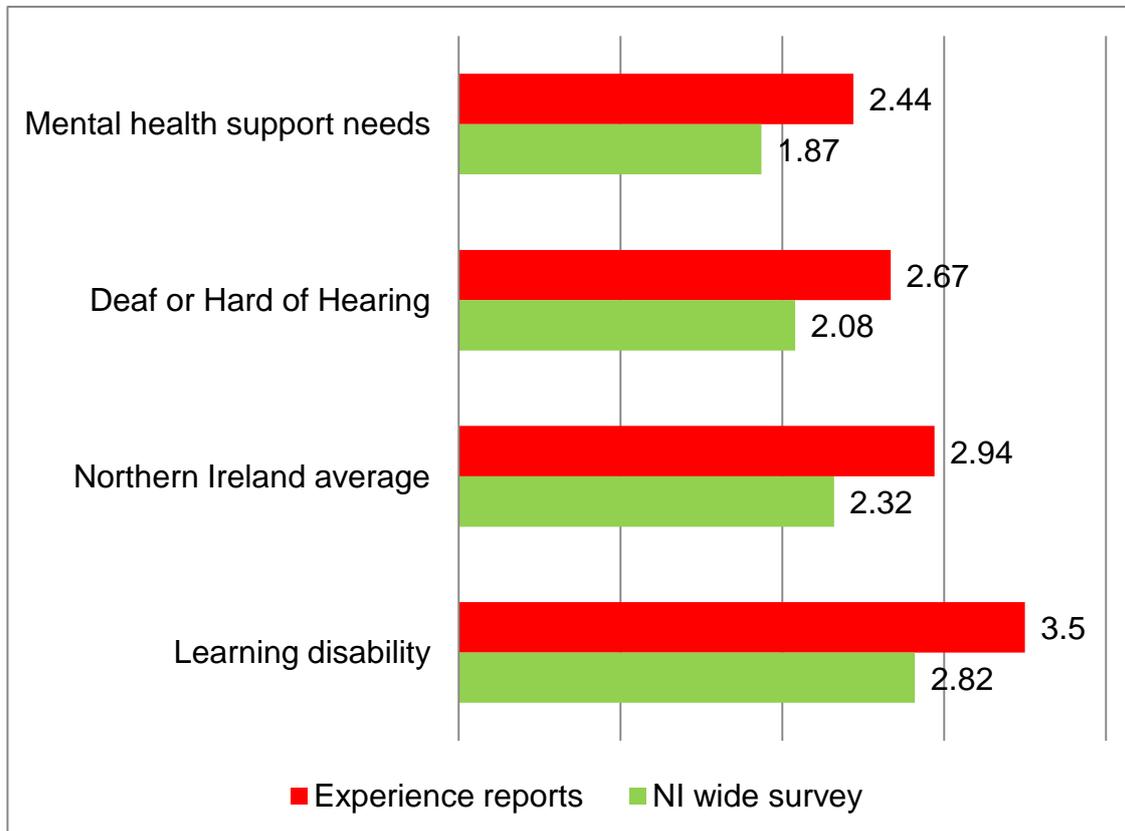


Across all three methods of measurement, disabled people's access to services in Northern Ireland in 2013 is not yet good or satisfactory.

## Benchmarks by impairment

The overall benchmarking approach masks variations in access as experienced by people who have different impairments.

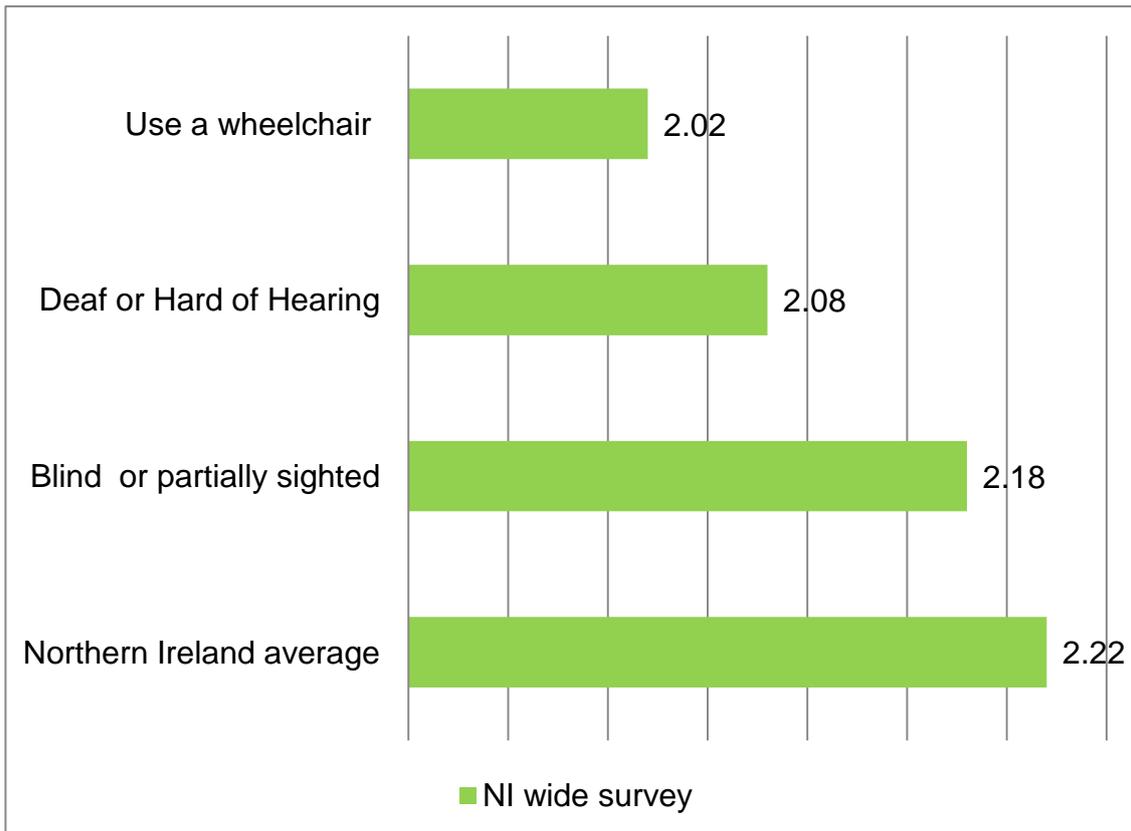
**Figure 13: Benchmarks by impairment NI survey and experience reports**



The lowest score, for each element and overall, came from respondents who had mental health support needs. The highest were consistently from people with learning disabilities.

As already noted, the experience reports produced higher scores than the survey, however in both, wheelchair users, and people who are deaf or hard of hearing reported lower levels of satisfaction with access overall. This is largely due to their experience of physical access as seen in Figure 14.

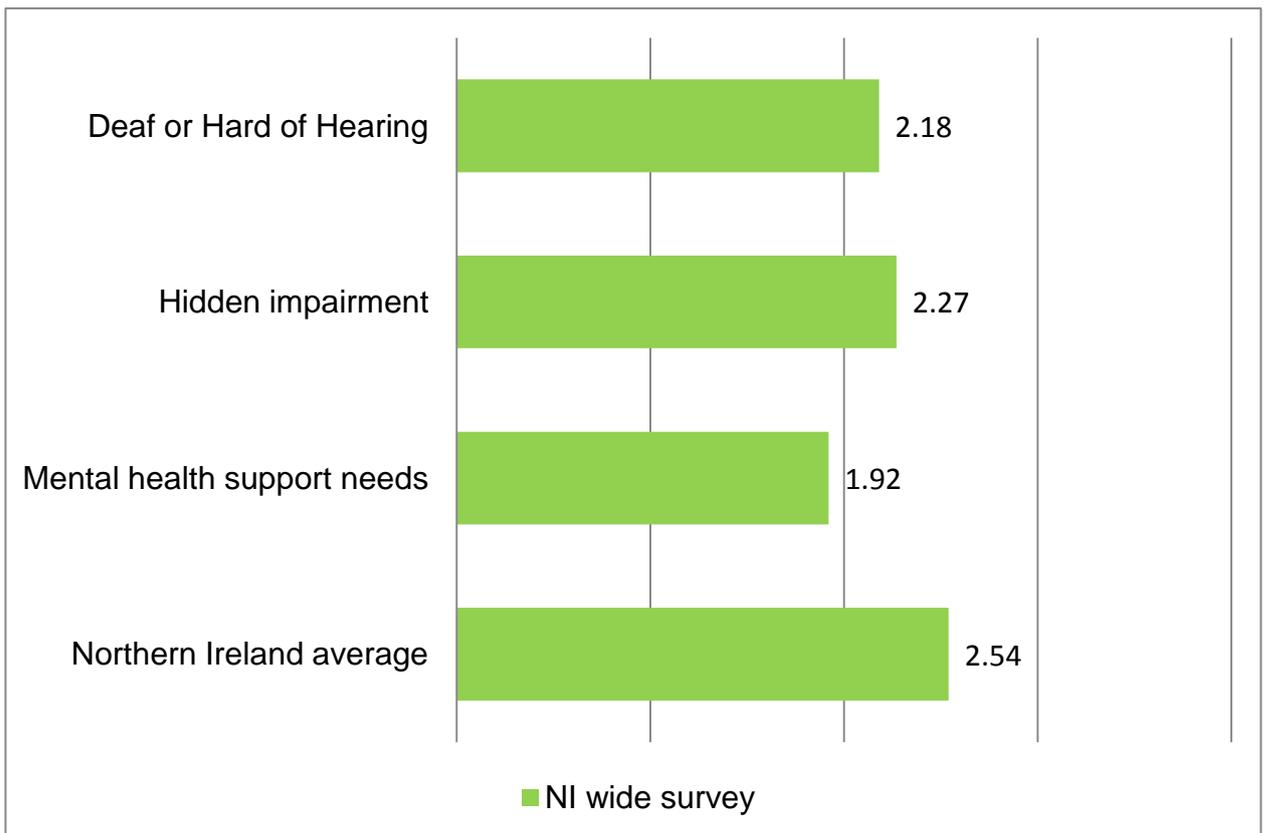
**Figure 14: Physical access scores by impairment NI wide survey**



Wheelchair users give physical access low ratings. People with hidden or sensory impairment responding to the survey found physical access to be poor or only somewhat satisfactory.

The mystery shoppers who used wheelchairs also rated physical access as poor. This was in a large part due to 10% of the premises visited being inaccessible to the extent that mystery shoppers using a wheelchair were unable to get in. Most of these inaccessible premises were in Derry - Londonderry and this is reflected in the geographic break down given in the notes section on page 65 of this report.

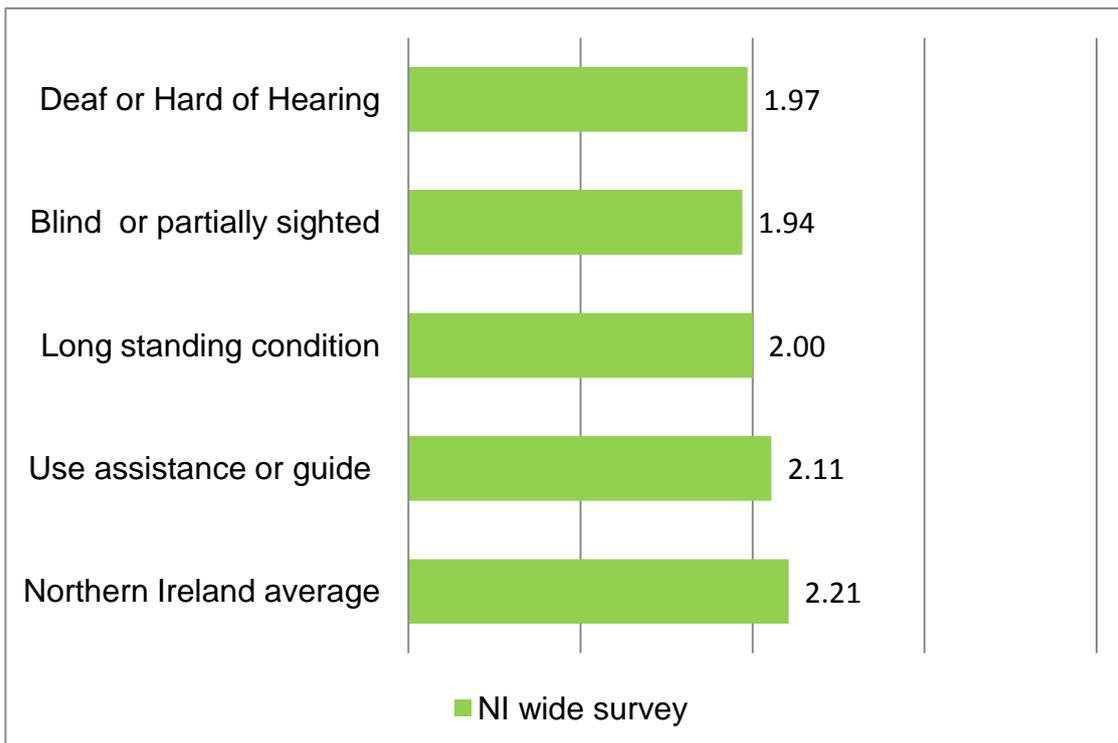
**Figure 15: Customer service scores by impairment NI wide survey**



Disabled people consistently rated customer service as being better, if only slightly, than physical access and access to information.

The lowest rating for customer service came from people with mental health support needs and those who are deaf or hard of hearing. This reflects the reported perception that deafness, as a hidden disability, and mental health support needs, attract less supportive responses from strangers than other, more evident or understood impairment.

**Figure 16: Information provision scores by impairment NI wide survey**



Blind and partially sighted respondents, along with those who are deaf or hard of hearing survey respondents rated information provision as poor. As on other elements of access, people who have long standing health conditions or illness and those who shop with assistance or a guide found the provision of information to be less than satisfactory.

### Notes on differences between Belfast and rural areas

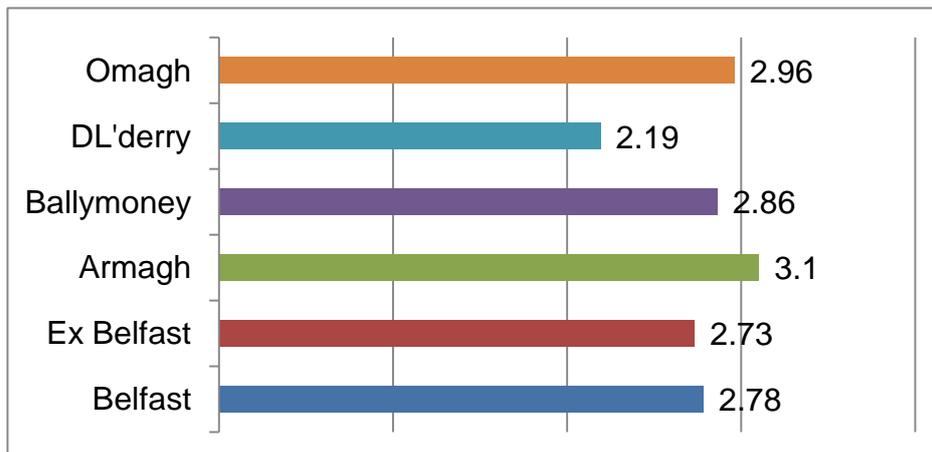
More than eight out of ten survey respondents (82%) most often used their local town for services, 11% travelled to another town and 7% rarely used any town for services. A third of those who travelled elsewhere went to Belfast or travelled from a rural town to a nearby larger shopping town.

**Table 7: Benchmarks for Belfast and Ex Belfast from the NI wide survey**

	<b>Belfast</b>	<b>Ex Belfast</b>	<b>N.I.</b>
Physical Access (179)	2.23	2.21	2.22
Customer Service (172)	2.60	2.51	2.54
Information (164)	2.15	2.24	2.21
<b>Overall Benchmark</b>	<b>2.33</b>	<b>2.32</b>	<b>2.32</b>

The sample size does not allow meaningful disaggregation at a town level, but a comparison between Belfast and everywhere else is useful. Table 9 shows that, based on the Northern Ireland wide survey, Belfast is not seen as being significantly more accessible physically, but is considered to have slightly better customer service but slightly worse information provision.

**Figure 17: Benchmarks by town from experience reports**



The impairment profile of the mystery shoppers in each town was not identical and the number per town was small, so firm conclusions also cannot be drawn from the geographic information. However, Figure 17 implies that Belfast was not rated as having better access. The physical access score for Derry - Londonderry is low. This is largely explained by the high number of premises that could not be accessed by a wheelchair user due to stepped entrances.

## **Notes on getting to services**

42% of survey respondents reported difficulties getting to services. Given that most of the people who replied to the survey travelled by car, it is not surprising that the majority of barriers related to parking. For on-street parking the main issues were; the number of designated parking bays, keeping them clear, and enforcement of permissions. For off-street parking the barriers were small parking spaces and the ticket machines being too high, badly positioned, requiring good eyesight, or manual dexterity.

The other key barriers related to public transport, the lack of rural buses, or position of bus stops, the need for clearer signage on buses and trains and for drivers to take time to communicate, ensure accessibility aids are used (e.g. kneeling, careful braking, voice and LED announcements, wheelchair spaces or restraints). Taxis were seen as being expensive.

By contrast, just 7% of experience reports involved difficulty in getting to the service. All related to the availability of dedicated 'blue badge' parking. This was either in use by others, poorly marked, or blocked by other road users. This low score is not surprising because mystery shoppers had been given a specific address, a clear task and were able to prepare ahead. It is also probable that people who volunteered as mystery shoppers have a greater degree of independence than the general disabled population who answered the survey.

## **Notes on reasons for avoiding or not using services**

When asked if access issues put them off using services in the town, most of those surveyed said "yes":

- one in two because of physical barriers (53%);
- one in three due to customer service (33%);
- one in four because of information provision (25%).

The main reasons stated for avoiding services were not identical to those identified by the survey's rating system, which focussed on using services rather than on getting to it or into it.

Reasons for avoiding or not using services gives a good insight into what could be addressed within the ambit of the individual service provider.

### **Physical**

- Insufficient space;
- no seating / having to queue;
- inadequate lighting

### **Customer Service**

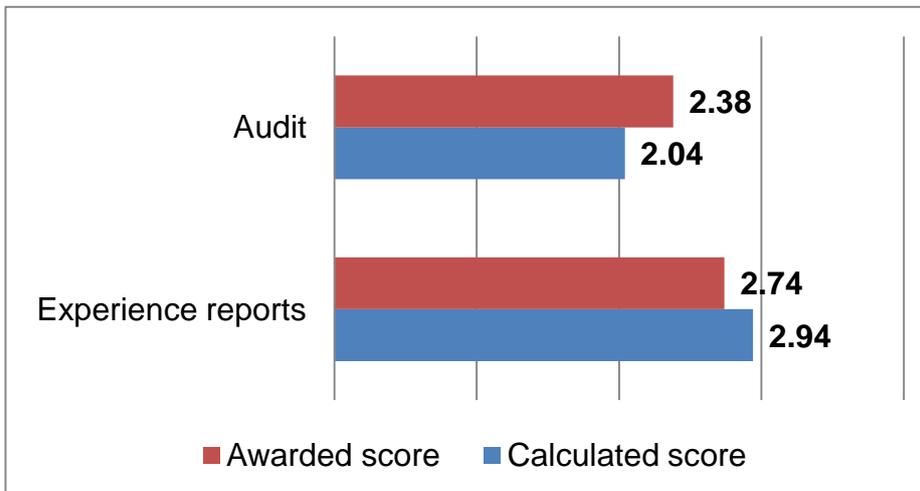
- Young, 'ignorant' staff;
- staff having no time;
- staff not being aware of needs or facilities

### **Information Provision**

- Telephone contact as sole option;
- appointments systems;
- lack of hearing loops / loops not working;
- poor signage (small, not approachable, too high);
- complex language (in print/forms/signs);
- inappropriate Braille (large, poorly located or inapproachable).

## Notes on equal weighting for different aspects of access

Figure 18: Calculated benchmarks compared to awarded overall scores



Both the mystery shoppers and the Auditors were also asked to give a score for 'overall' access to each service (Awarded score on Figure 18).

The mystery shoppers awarded a lower score and the Auditors a higher one than the benchmark calculated as an average of their physical, customer service and information scores combined (see Figure 18).

This suggests that not each element of access makes an equal impression on the marker, so that perhaps good customer service does not make up for poor physical provision when the mystery shoppers were asked for an overall mark, and that poor information provision did not reduce the Auditors' overall score as much as it might.

What these both indicate is that physical access is given a small amount of additional weighting when people consider overall levels of access. This weighting, for disabled individuals at least, does not appear to be so large as to challenge the removal of a weighting system from the originally proposed benchmarking matrix.

## **6. Findings**

This research has found that disabled people's access to services in Northern Ireland in 2013 is not yet good or satisfactory.

The strongest area was customer service. This was the only aspect that the 29 majority of mystery shoppers felt was satisfactory. The 236 survey respondents rated it less favourably, although people with learning disabilities did award it a rating of 3 - the only score at or above 3 across the survey.

### **Physical access**

Gathering evidence from disabled people found that physical access for wheelchair users, those with hidden disability, and deaf people and those with hearing loss was benchmarked as furthest from satisfactory. The average score from all the disabled people who gave a rating was 2.5 on a scale where 3 is 'Satisfied'. The technical audit rated it at 2.36.

### **Customer service**

Disabled people were more satisfied with customer service than with either physical access or information provision. They scored it 2.87. People who rely on an assistant or guide and those with less evident or understood disabilities felt less well served (e.g. Mental health support needs, hearing loss or speech impediment). The technical audit found that two out of three service providers (68%) had not trained their employees in disability awareness.

### **Information provision**

Provision of information is rated as better than physical access by disabled people, but this masks the much lower scores for information given by people with sensory impairments who rated it as poor at between 1.94 and 1.97. The technical audit rated it as poor at 1.72.

## **Findings from the dashboards**

Arranging the feedback from the three data sources in a dashboard makes it easier to see where key barriers lie (see Appendices: Nine, Ten and Eleven).

The dashboards indicate that to enhance access by disabled people to services, the following areas are most in need of attention:

### **Physical Access External**

- provision, enforcement and maintenance of designated parking;
- accessible, obstacle free pavements with dropped kerbs

### **Physical Access Internal**

- acoustics;
- provision of accessible changing rooms;
- the way goods are displayed;
- vertical movement (lifts, escalators, stairs) especially for blind and visually impaired people;
- getting into buildings for wheelchair users and people with learning disabilities (i.e. locating and using the main entrance);
- horizontal movement (i.e. moving on one level) for wheelchair users.

### **Customer Service**

- customer service for deaf and hard of hearing people and people with mental health support needs;
- staff knowledge of accessible facilities and ability to use them;
- proportion of service providers offering disability awareness training.

### **Information Provision**

- information provision for people with sensory impairment;
- provision, maintenance and use of hearing loops;
- information for people with learning disabilities and BSL users;
- way finding signage to accessible facilities.

### **General**

- overall access for people with mental health support needs.

In reviewing the narrative feedback offered by survey respondents and mystery shoppers, and outside of changes sought to the physical environment, the key finding was that disabled people want to see service personnel with the skills and time to make space for them.

Although customer service in general and staff attitudes in particular were rated relatively well, staff knowledge of access needs and access equipment was seen as poor. Being helpful is not sufficient, service providers need to be equipped with the knowledge and confidence to identify and meet customers' needs. An aware and confident workforce can find ways to avoid fixed barriers, remove temporary obstacles, and use the appropriate aids to access.

## 7. Conclusions

### Responses to the research questions

#### **What, if any, impact has the disability discrimination legislation made to every day access to services for disabled people?**

The review of the literature found a dearth of longitudinal studies of access to services covering a period of before and after the introduction of the DDA.

What evidence there is relates to Post Offices and cultural venues. This suggests that there has been some improvement in physical access into premises (i.e. provision of level access, lifts, handrails). This seems to reflect the availability of funding for refurbishment/improvement, or services moving to new premises.

The primary research for this project indicates that level access into service premises remains an issue for smaller shops and providers such as sole traders who work 'over the shop' or 'off high street', often in premises that were not purpose built for service provision or retail.

The areas furthest from being experienced as satisfactory by disabled people relate to how service premises are used, how information is conveyed and the knowledge of the people providing the service. These areas mainly fall outside of the specifications of building regulations or British Standards. Many could be considered as 'reasonable adjustments' under the DDA however. They are also areas in which change might be implemented without the need for or cost of relocation or total refurbishment.

Access in terms of accessible transport, parking provision and the nature of kerbs and pavements continue to be perceived by disabled people as key barriers to accessing services in general.

Thus, ten years after the full roll out of the DDA, access to services in Northern Ireland in 2013 is not yet good or satisfactory for disabled people.

## **What are, should, and could be the standards of disability access in Northern Ireland?**

The current standards are set by Building Regulations Northern Ireland, Technical Booklet R 2012 and BS8300:2009 + A1:2010. Building regulations change over time and vary depending upon the age of premises, and other legislation also has an impact. British Standards supply a useful ideal for physical provision.

New build and extensive renovations or extensions should have an access advisor involved at all stages of planning and construction. There is not, however, any compulsion for the client or architect to adhere to the access consultant's recommendations if they can show they have otherwise satisfied Building Regulation requirements. As a result, many recommended accessibility features are removed from plans on the grounds of cost or aesthetics.

A number of other standards have been developed to encourage access. These consider good practice in how premises are managed as well as their physical provision.

For sports and leisure facilities Disability Sports NI have created exacting standards for design and guidance for new, extended and altered premises. These are set out in detail as 'Design and Management Guidelines' and there is an expectation that any works in receipt of public funds will meet these requirements.

In the arts and cultural domain, Adapt NI is a partner in the Arts and Disability Equality Charter, along with the Arts and Disability Forum and Open Arts. This is a holistic framework for creating equality of access to the arts on a pan-disability basis. Like the sports guidance, it covers physical access and management. It also includes access to participation, employment and communications. The Charter and other pan-disability models for improvement, such as the 'Change a Little, Change a Lot' awards piloted by Adapt NI, whilst funded by public authorities, are not stipulated as requirements when public funding is applied to arts or cultural premises.

The Charter, as with other awards for access for specific impairment groups (e.g. William Keown Trust, AOHL, RNIB) is based on customer usability and

good practice rather than on specific, formulaic criteria. This is an essential adaptation to the wide range in premises, size, age, nature, location, capacity and resources found across the service providers engaged.

While 'standards' in terms of premises dimensions can be written as absolutes, the standards that the Equality Commission for Northern Ireland might pursue need to take account of the responsibilities of other agencies, and the reality of the capacity for change. A large proportion of 'access' is made up of provision not covered by set criteria or dimensions, but which is, or should be covered by good practice and is ultimately measured by the perception of the user.

Usability testing aligned to good practice guidelines are perhaps the best test of service standards.

The Equality Commission for Northern Ireland might thus consider commissioning its own pan-disability model of good access based on current good practice guides, access awards and assessment by disabled users.

**In accordance with its statutory duties and functions, what should / could be the role of the ECNI in attaining and maintaining access standards?**

An affirmation of the underlying principles and purposes that should guide the ECNI's future work with service providers to enhance access.

The barriers identified through the research do more than deny disabled people equality of access to services. Barriers to accessing services may also engender the social isolation of people with disability by restricting their access to public places and social spaces. They will cost service providers in terms of custom lost to accessible services or towns. They also cost the wider community by way of impoverishing the lives of some of its members and limiting the diversity of people that may be encountered during everyday exchange in towns and cities.

There is clearly a need for action to eliminate discrimination and promote equality of opportunity when the majority of disabled people are put off using services because of physical, customer service, or information barriers.

Analysis of the secondary and primary research indicates that action is particularly needed to address:

1. Physical barriers in the external environment that are beyond the immediate control of individual service providers but which impact their business.
2. Structural physical barriers to entering the premises or using facilities (e.g. WCs, changing rooms).
3. Information and communication barriers especially for people with sensory impairment or learning disabilities.
4. Non-structural physical barriers such as clutter, and bad or broken lighting or equipment.
5. Staff knowledge of access needs, accessible facilities and confidence to respond to disabled customers' requests.

The duties and functions of the Equality Commission for Northern Ireland that relate to disability include:

#### Generic

- working towards the elimination of discrimination;
- promoting equality of opportunity and encouraging good practice;
- promoting affirmative/positive action.

#### Specific

- overseeing the disability duties on public authorities;
- monitoring, jointly with the Northern Ireland Human Rights Commission, implementation of the United Nations Convention on the Rights of Persons with Disabilities;
- keeping the relevant legislation under review; and
- promoting awareness of and enforcing anti-discrimination law on the grounds of disability.

The ECNI might respond to the needs highlighted in this report in one of four ways:

1. **Educate** service providers to recognise and remove barriers;
2. **Encourage** the removal of barriers by working with and through partners;
3. **Enable** disabled people to act by ensuring they know their rights; and
4. **Enforce** the legislation by taking cases and publicising successes.

**Table 8: ECNI range of possible responses to key barriers**

<b>Barriers to address</b>	<b>General nature of response</b>
1. External physical barriers	<ul style="list-style-type: none"> <li>• Encourage and work with partners to address.</li> <li>• Enable and Enforce - support cases where relevant</li> </ul>
2. Structural barriers to entrance / movement	<ul style="list-style-type: none"> <li>• Encourage and work with partners to address</li> <li>• Enable and Enforce - support cases where relevant</li> </ul>
3. Information and communication	<ul style="list-style-type: none"> <li>• Educate service providers</li> <li>• Enable and Enforce - support cases where relevant</li> </ul>
4. Non-structural physical barriers	<ul style="list-style-type: none"> <li>• Educate service providers</li> <li>• Encourage improvement through reward</li> </ul>
5. Awareness, knowledge and confidence	<ul style="list-style-type: none"> <li>• Educate service providers</li> <li>• Encourage improvement through reward</li> </ul>

## 8. Recommendations

Drawing on the action areas identified by the primary research and the conclusions from the review of research and policy recommendations in Chapter 3, the following are presented as potential actions for the Equality Commission for Northern Ireland.

### 1. Educate: Private Sector

- 1.1. Consider preparing a strong business case for targeting the disabled consumer market.
- 1.2. Consider creating and delivering a face-to-face business engagement campaign to raise awareness of the value of the disabled consumer market. Encourage MLAs, ministers and business leaders to include the key messages in speeches.
- 1.3. Consider working with business advisors to incorporate access in the business planning advice offered to start ups and expansions (banks, business courses, Invest NI, and Sector Skills Councils such as People 1st, Creative and Cultural Skills, Skills Active and Skills for Health)
- 1.4. Consider engaging a specific team to undertake work with businesses to ensure that the language and messages used are private sector relevant.
- 1.5. Consider establishing a high level 'champions' or advisory panel of business people and role models to the private sector, to guide the campaign team and spearhead the launch.
- 1.6. Consider partnering with key business organisations and trade associations to deliver the campaign through their own communication channels (e.g. Federation of Small Businesses NI, NI Independent Retail Trade Association, NI Retail Consortium, NI Food and Drink Association, NI Drinks Industry group, Institute of Directors etc.)

- 1.7. Consider collecting case studies illustrating the positive impact of increased accessibility on the business bottom line.
- 1.8. Consider creating an information hub where businesses can find materials relating to access and links to existing advice.

## **2. Educate: Public Sector**

- 2.1. Consider creating and delivering a campaign to engage public authorities working with and in support of the relevant departments (OFMDFM & DHSSPS) in delivering their disability strategy recommendations in relation to essential public services: health, education, libraries, public transport.
- 2.2. Consider creating and delivering a campaign to engage public authorities working with the new shadow councils and NILGA specifically to target local authority provision of culture, arts, sports and leisure activities.
- 2.3. Consider providing, as a matter of urgency, guidance on effective, accessible communications for public services.
- 2.4. Consider an audit of accessible information provision by public services as part of the ECNI's oversight of public duties role.
- 2.5. Consider ways to engage with other awards, such as Investors in People and Customer Service Excellence, to enhance the weight given to disability access within their assessment process.

## **3. Educate: General**

- 3.1. Consider developing a Time and Space message to promote small, low cost changes such as giving time to people who need a little longer to move, understand or respond, and creating space by clearing away clutter and obstacles.

#### **4. Educate: Whole town approach**

- 4.1. Consider adopting a 'whole town' approach to address external physical barriers and provide economy of scale to education and training activities. This could be achieved by developing local delivery partners groups comprising the Councils' town centre, arts and leisure managers, planners / building control officers, local traders and business organisations alongside managers from statutory providers (Translink, GPs, Library etc).
- 4.2. Consider supporting a whole town approach with the appointment of an Access Coordinator in two or three towns for a period of three to five years initially to support and develop the model and assess the impact by way of an action research project. This work would create the evidence and case studies needed to support other education work.

#### **5. Encourage**

- 5.1. Consider commissioning an ECNI pan-disability model of good access to services based on current good practice guides, access awards and the views of disabled users.
- 5.2. Consider commissioning a new rating award for access to services to be displayed at service locations. The 'Food Hygiene' stickers are one model to consider. The 'Access' ratings should be based upon the good access model adopted by the Equality Commission and disabled people involved in assessment.
- 5.3. Consider 'Access Awards' to be presented over a period of five years to whole towns and individual services that excel in offering or improving access. The 'Access City Award' run by the Directorate General for Justice Department of the European Commission is one model to consider scaling to fit Northern Ireland (Tallaght, South Dublin won an award in 2013). 'Tidy Towns' or 'Britain in Bloom' can also be examined for their strength in capturing the imagination of residents.

## **6. Research and Development**

- 6.1. Consider commissioning Northern Ireland research into the value of the disabled consumers market and demonstrate the impact of improved access by quantifying success indicators such as increases in revenue, return on investment, market share etc.
- 6.2. Consider commissioning a discrete piece of research into access for people with mental health support needs - the group reporting the worst experience and towards whom social attitudes have worsened.
- 6.3. Consider commissioning monitoring of access to services against the benchmark every 5 years.

## **7. Enable and Enforce**

- 7.1. Consider regular research to establish the current level of awareness and accurate understanding of the DDA amongst disabled people. This ought also to cover their level of confidence in using it and perception of costs and time required and make recommendations as to how best to address and gaps or misconceptions.
- 7.2. Consider engaging with disabled organisations to establish an ongoing service monitoring system to identify trends in access provision on an annual or bi-annual basis (IMTAC's Baywatch and Consumer Focus Post are two models). This contact can be used as a channel to communicate information about the law and rights to disabled people and may help identify test cases to be brought under the DDA.
- 7.3. Consider whether greater awareness and use of the Questions Procedure under the DDA might enable disabled people to use the law to make change without having to take a case.
- 7.4. Consider if and how cases might be taken to help define 'reasonable adjustment' as covering more than physical alterations e.g. failure to train staff, maintain hearing loops, keep aisles clear, adjust lighting.

## **8. Skills and capacity**

- 8.1. Consider a capacity building programme for ECNI staff to enhance knowledge levels on disability and the capability to deliver advice.
- 8.2. Consider an annual conference between ECNI, disability organisations, business advisers and business organisations.
- 8.3. Consider ways to enable service providers to access disability equality training to create a better skilled work force. The cost of training and of staff time to attend need thought. Partnerships with existing training providers and a 'whole town training' approach might be considered.
- 8.4. Consider ways for the ECNI to engage with disabled service users on an ongoing basis and link them to continuing benchmarking, research and training to build the ability of the disabled community to engage in education, encouragement and enforcement activity.

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## **Appendix One: References and bibliography for Chapters 2 & 3**

### **On line information**

These sites were accessed between 9 January and 6 March 2013

Accessible Cinema data <http://www.cinemauk.org.uk/key-issues/34>

Accessible Cinema <http://www.yourlocalcinema.com/ireland.html>

Accessible Walking Schemes [www.walkni.com](http://www.walkni.com) and [www.outdoorni.com/local-outdoors/](http://www.outdoorni.com/local-outdoors/)

Building Control <http://www.buildingcontrol-ni.com/sections/?secid=5>

Cinema Exhibitors' Association Card <http://www.ceacard.co.uk/>

Direct Enquiries Post Office Access <http://pola.directenquiries.com/defaultPOL.aspx>

Disability Equality Indicators <http://odi.dwp.gov.uk/disability-statistics-and-research/disability-equality-indicators.php>

Disability Rights <http://www.radar.org.uk/>

Disability Sport NI Access guidelines <http://www.dsni.co.uk/access-guidelines>

Equality Archive <http://www.equality.nisra.gov.uk/>

Key Facts about Access <http://www.disabilityaction.org/business-services/access/key-facts-about-access/>

RNIB rights  
[http://www.rnib.org.uk/livingwithsightloss/yourrights/disabilitydiscriminationact/pages/goods\\_facilities\\_services.aspx](http://www.rnib.org.uk/livingwithsightloss/yourrights/disabilitydiscriminationact/pages/goods_facilities_services.aspx)

Taking Part Survey 2012/13 Q2 <https://www.gov.uk/government/publications/taking-part-2012-13-quarter-2-statistical-release>

Textrelay <http://www.textrelay.org>

Web Content Accessibility Guidelines [www.w3.org/WAI](http://www.w3.org/WAI)

## Publications

Author	Date	Title	Publisher if not as author	Location
Action on Hearing Loss	July 2011	Facts and figures on deafness and tinnitus		Belfast
Arts Council of Northern Ireland	Nov 2007	Barriers to disabled people's participation in and access to the arts in Northern Ireland		Belfast
Atkins Ltd	2010	2012 Legacy for disabled people : inclusive and accessible. Improving messages to SMEs: The case for the disabled customer	Department for Business Innovation and Skills	London
Attitude is Everything	2011	State of Access Report : Surveying the Facilities for Deaf and Disabled Customers at UK Live Music Venues		London
BSI group	Feb 2009	BS 8300:2009+A1:2010. Design of buildings and their approaches to meet the needs of disabled people. Code of practice	BSI	London
Consumer Council Northern Ireland	Dec 2012	Air Passenger Rights Survey Report - An examination of consumers' awareness of the rights of passengers with a disability or reduced mobility when travelling by air		Belfast
DFP NI	October 2012	Building Regulations (Northern Ireland) 2012 Guidance Technical Booklet R. - Access to and use of buildings		Belfast
DfT	2002	Inclusive Mobility: A Guide to Best Practice on Access to Pedestrian and Transport Infrastructure		London
DfT	2005	Guidance on the Use of Tactile Paving Surfaces		London
DHSSPS	Feb 2012	Physical and Sensory Disability Strategy and Action Plan 2012 – 2015		Belfast
Disability Action	July 2011	Digital Inclusion – People with Disabilities		Belfast
DRD	April 2005	An Accessible Transport Strategy for Northern Ireland		Belfast

Author	Date	Title	Publisher if not as author	Location
DRD	Jan 2013	An Accessible Transport Strategy Action Plan 2012 – 2015		Belfast
DSNI	2010	Access To Sports Facilities For People With Disabilities: Design & Management Guidelines (2010 Edition)		Belfast
Dunn S, Morgan V	2000	Barriers to Access to Essential Services	OFMDFM	Belfast
Equality Commission for Northern Ireland	2003	All Aboard? The Experience of Disabled People Using Transport in Northern Ireland - a Case Study Report		Belfast
Equality Commission for Northern Ireland	2003	Disability Code of Practice: Right of Access Goods, Facilities, Services and Premises		Belfast
Equality Commission for Northern Ireland	2006	What service providers need to know - The Disability Discrimination Act 1995		Belfast
Equality Commission for Northern Ireland	2008	Formal Investigation. The Accessibility of Health Information in Northern Ireland for People with a Learning Disability		Belfast
Equality Commission for Northern Ireland	2010	Guide for tourism sector on service provision		Belfast
Equality Commission for Northern Ireland	June 202	Knowledge & Awareness of the Disability Discrimination Act among service providers		Belfast
Equality Commission for Northern Ireland	January 2010	Guidelines for providers of goods, facilities and services on developing an equality policy for service provision		Belfast
Equality Commission for Northern Ireland	June 2012	Do you mean me? Discrimination: attitudes and experience in Northern Ireland		Belfast
Equality Commission for Northern Ireland	July 2003	Disabled Women in Northern Ireland: Situation, Experiences and Identity		Belfast
Gore E, Parckar G	April 2010	Rights and reality: disabled people's experiences of accessing goods and services	Leonard Cheshire Foundation	London
Hughes L, Rondon J,	2012	Day Service Review	Compass, Niamh	Belfast

Author	Date	Title	Publisher if not as author	Location
and Leavey G			unpublished	
Imtac	Sept 2006	Key Issues for the Review of Concessionary Fares Scheme in Northern Ireland		Belfast
Imtac	Oct 2012	Highlighting barriers in the pedestrian environment. Report into issues, good practice and recommendations		Belfast
Imtac	Feb 2013	Report on surveys of the on-street Blue Badge use in Ballymena, Bangor, Belfast and Lisburn		Belfast
Imtac	Feb 13	Walking Routes in Belfast City Centre - an update		Belfast
Jim Jamison, Richard Buchanan, Roy Carr-Hill, Donal McDade and Paul Dixon	2004	Indicators of equality and diversity in Northern Ireland General Literature Review	OFMDFM	Belfast
Kent, B and Keys, K	July 2012	Assisted performances Northern Ireland. A feasibility study of future provision	ADF	Belfast
McIlwhan, Rosemarie, Rogers, Sheila and Bridge, Simon	December 2009	Evaluating the effectiveness of the Disability Discrimination (NI) Order 2006 Duties. Research Summary Report	ECNI	Belfast
McLaughlin, K	2003	Towards Inclusion	ACNI / DCAL	Belfast
Millward Brown Ulster	Nov 2011	Consumer friendly post offices? Access, environment and service quality in Northern Ireland's Post Office	Consumer Focus Post	Belfast
NSALD	July 2007	The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland - First Report from the Northern Ireland Survey of people with Activity Limitations and Disabilities (NISALD)	CSU Northern Ireland Statistics and Research Agency	Belfast
Office for Disability Issues	Feb 2013	Fulfilling Potential Building a deeper understanding of disability in the UK today	Department for Work and Pensions	London

Author	Date	Title	Publisher if not as author	Location
OFMDFM	Dec 2009	Report of the Promoting social inclusion working group		Belfast
OFMDFM	March 2012	A strategy to improve the lives of disabled people 2012 – 2015		Belfast
Pilling, D., Barrett, P. & Floyd, M	2004	Disabled People and the Internet: Experiences, Barriers and Opportunities	Joseph Rowntree Foundation.	Belfast
Riddall, B	Aug 2009	Hotel Accommodation in Belfast	CILNI , Unpublished	Belfast
RNIB	2007	Information is power: How the high street can empower blind and partially sighted people		UK
RNIB	2012	Vision 2020 Northern Ireland Implementation Plan		Belfast
RNIB RNID BDA (NI) Sign Community	2009	Is it my turn yet? Access to GP practices in Northern Ireland for people who are deaf, hard of hearing, blind or partially sighted		Belfast
RNID	2004	A Simple Cure		Belfast
Rondon J, Gaway K , Kane R	May 2010	The ABLE project evaluation	Compass Niamh	Belfast
Spollen, M et al	2003	Evaluation of the European Year of People with Disabilities	Secta MSA Ferndale	Belfast
Spollen, M., McConkey, R., Jamison, J. & Pressaugh, S.	April 2004	Review of Disability. Information Project for DFP NISRA	DFP	
Team AD100	Dec 2012	Accessibility on the High Street. Is it a gamble? Bournemouth, Poole and Dorset	Access Dorset	Dorset
UNCRPD NI	2011	UN Convention on the rights of persons with disabilities and optional protocol. A plain language version	CRPD Independent Mechanism for Northern Ireland	Belfast

## Appendix Two: Criteria and selection of locations

### Geographical and service areas selection

#### 1 Locations

Assessment of twenty premises in five towns / cities aiming to produce 100 experience reports.

Locations were determined in conjunction with the Roundtable Advisory Group and approved by the ECNI Working Group within the Project Initiation Document (PID)

A total of five locations, including cities and country towns, were selected for efficiency and each containing a range of services. It was anticipated that access could be of poorer quality in villages and hamlets. This would be harder to measure in terms of resources required and because many do not offer a full range of services. The towns below were selected to span the five main sizes of local government district and all but one county as well as providing an urban/rural mix.



Derry – Londonderry

Ballymoney

Belfast

Armagh

Omagh

A 'shopping basket of services' is an economic concept familiar to the lay person and was used to consult with the Roundtable. It also allowed for comparison between locations and over time.

## **2 Premises**

There are two ways to select exact premises, at random, or in a manner that reflects general use of services (i.e. footfall). Given the desire to reflect the right of the disabled person to access the same services as the non-disabled, selection of these premises considered services most likely to be used by the general population.

*Retail and Other services* - Premises were selected on the main shopping street of each location. Where there was no provision on that street, the next closest was chosen. Where there was more than one service provider on the main route, the one to be audited was decided randomly.

*Culture, Arts & Leisure* - Where provided, audit of Local Authority or statutory provision of services. This ensured the research includes the public sector and allows comparison of like with like across locations.

*Hospitality* - Where there was more than one premises available, the mid-priced / market which is closest to the arts venue was selected.

## **Appendix Three: NI wide service survey**

### **Survey of the level of access by disabled people to services in Northern Ireland**

#### **What is this survey for?**

This survey is to find out about the experience you have, as a disabled person, when you use public services such as shops, cinemas, banks, cafes and more across Northern Ireland.

#### **Is this survey for me?**

Yes if you have any impairment that has a long term and significant impact on your ability to do everyday things. This includes anyone with sight, hearing or mobility impairments, learning disability, mental health support needs, hidden impairments such as epilepsy, autism, diabetes, arthritis or long term illnesses or conditions like cancer, HIV or chronic heart disease, for example.

#### **What happens to my answers?**

This survey is anonymous. Your name will not be published.

Your answers will be put with others to give an overall description of what it is like for disabled people to access and use services in Northern Ireland.

The results will be put into a report and given to the Equality Commission for Northern Ireland. The information we collect will be very useful when planning ways help service providers improve their services to disabled people in the future.

#### **What do we mean by services?**

Here are examples. This is not a complete list, but does give an idea of what we mean

- shops, petrol stations, restaurants, pubs and clubs, hotels and guesthouses including self catering, theatres, cinemas, sports and leisure facilities, bus/railway stations and airports;
- local councils, government departments and agencies, hospitals, clinics, doctors' and dentists' surgeries, libraries and museums (including places of interest, such as historic buildings);
- financial institutions including banks, post offices, building societies and insurance companies;
- services by solicitors and advice agencies;
- property letting & management agencies and accommodation providers.

## How do I answer?

If you use a computer you can answer online at [Survey Monkey](#). This quick and eco friendly.

Otherwise, please complete the word file and email it to us. You can also call us to give us your answers over the phone at the number below. We can call you back. Or you can print this, complete it and post it back. Other formats can be provided on request.

Contact point

Email to [project@adaptni.org](mailto:project@adaptni.org) or

Call 028 9023 1211 Mon to Fri between 9.00am and 5.00pm.

For text or outside office hours contact 07764 182 966. We can call back.

Post Survey. AdaptNI, 109 Royal Avenue, Belfast, BT1 1FF

Closing date: Friday 15 March

About the towns you use

Which is your nearest town?

Which town do you most often use for services? This is the one we'll ask about.

I do not use any town regularly for services		Please go to <a href="#">Q 22</a>
I most often use my nearest town named in Q1		Please go to <a href="#">Q 4</a>
I most often use another town		Please name it below

Town name

Which of these best describes how often you visit your preferred town to use services? Please put an X in just one box

One or more times a week	
A few times a month	
Once a month	
Five to six times a year	
Two or three times a year	
Less often	

Getting to town

How do you usually get to your preferred town to use services? Put an X for only 2 items

Walk	
Wheelchair/scooter	
Car – I drive myself	
Car – Someone else drives me there	
Taxi	
Bus	
Train	
Other please explain in the space below	

Which of these best describe how you most usually go to the town to use services?

Most often on my own	
Most often with an assistant or helper	
Most often with friends or family	

Are there any problems for you in getting to town to use services?

No	
Yes	

If Yes please use the space below to list the main things that make it harder for you to get into town to use the services

Please state here

On the following pages we ask about how satisfied you are with services. First we ask about physical access to places, then about the staff and customer service and then about the information that services places provide.

## Physical Access

How satisfied are you with the physical access features listed below in the town?

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Nature of the pavements					
Provision of dropped kerbs					
Pavement being clear of advertising stands, street furniture or other temporary obstacles					
Parking in general					
Provision of designated parking bays					
Enforcement of designated parking bays					
Getting into the buildings					
Moving on one level in buildings - space, doors etc					
Moving to other floors– lifts, escalators, steps, ramps					
The way goods are displayed					
The counters and tills at reception or payment areas					
The furniture provided for customer use					
Availability of accessible toilets					
Facilities provided within accessible toilets					
Availability of accessible dressing / changing rooms					
Provision of facilities for assistance dogs					
Lighting within building					
Level of glare on glass windows and/or displays					
Acoustics or noise levels					
Health and safety or emergency evacuation provision					
Arrangements for advance booking e.g. tickets, appointments					
Please write any others you want to mention on the lines below and mark to show how satisfied you are with them.					

Do any of the physical items you are not satisfied with put you off using services in the town? Please X either Yes or No below

No	
Yes	

Please write below the main physical access features that have the most negative impact on your access to services in town. Or write 'does not apply' if that is the case for you.

Overall, thinking of all the services in town, even those you cannot access, how satisfied are you with the general level of physical access.

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Physical Access					

### Customer Service

How satisfied are you with the customer service items listed below in town?

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Availability of Shopmobility					
Helpfulness of staff					
Patience of staff					
Staff being unpatronising and respectful					
The way staff respond to requests to improve things					
Staff attitude to assistance dogs					
Staff knowledge of accessible facilities					
Attitude of other customers					
Friendly, unthreatening atmosphere in the town					
Please write any others you want to mention on the lines below and mark to show how satisfied you are with them.					

Do any of the customer service items you are not satisfied with put you off using services in the town? Please X either Yes or No below

No	
Yes	

Please write below the main customer service features that have the most negative impact on your access to services in town. Or write 'does not apply' if that is the case for you.

Overall, thinking of all the services in town, how satisfied are you with the general level of customer service.

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Customer Service					

#### Information

How satisfied are you the following aspects of information provision in the town?  
Please m

#### Internet to access services

In the last 12 months, have you used the internet to access services that were traditionally provided in town, such as the examples in Q 24?

No	
Yes	

If you pick No please go to [Q 23](#)

If you pick No please go to [Q 24](#)

What is the main reason you do not use the internet for services?

How often have you used the following services on the internet in the past 12 months?

Please X one box per line	Never	One or more times a week	A few times a month	Once a month	Five or six times a year	Two or three times a year	Less often
Shopping for anything							
Banking							
Paying bills							
Reading e-books							
Reading newspapers							
Watch current films							
Play Bingo/games							
Please name any others below and mark the frequency							

Which of these is most true? Please put an 'X' in only one box

I use online services because the town services are inaccessible	
I use online services because they are more convenient, irrespective of town access	

Do you feel you have the same access to online services as someone who is not disabled?

Yes	
No	

If you pick No, please comment in the space below

What, if anything, have we missed that you think is important about your access to services? You can also use this space to give examples of where and how a service provider or town has offered notably good or poor access.

**About you**

So we can understand what is important to different sorts of people, please tell us a bit about yourself. This is all anonymous.

Please X to show if you are male or female.

Male	
Female	

Please X one box for your age group below.

16-24	
25-34	
35-49	
50-64	
65-74	
75 or over	

Please X one to show you employment status

Full time employment	
Part time employment	
Not employed	
In education	
In training	
Full time volunteer	

Please X one to show how you live

I live alone	
I live with my partner, family or other people	

Please X all that you consider apply to you from below

Not disabled	
Partner or carer or friend of a disabled person	
Use a wheelchair to get about	
Difficulty walking	
Blind or visually impaired	
Deaf or Hard of Hearing	
Learning disability	
Mental health support needs	
Speech impairment	
Hidden impairment (e.g. autism, diabetes, epilepsy, vertigo)	
Long standing illness/health condition (e.g. cancer, HIV, chronic heart disease)	
I usually use services with my assistance or guide dog	
Other – Please say here	

How often, if at all, have you used these services in town?

Please X one box per line	Never	One or more times a week	A few times a month	Once a month	Five or six times a year	Two or three times a year	Less often
Supermarket							
Clothes shop							
Convenience or corner shop							
Butcher / Grocer							
Chemist/ Pharmacy							
Bank or ATM hole in wall							
Hairdresser							
Take away or Fast foods							
Petrol Station for fuel							
Petrol Station for shopping							
Post Office							
Art centre or theatre							
Sports facility or Gym							
Library							
Cinema, bingo, amusements							
Hotel, B&B or Guesthouse							
Public House, pub, bar							
Restaurant or Cafe							
Taxi depot							
Council offices							
GP, health centre or dentist							

If we have left off the list above any service that you use on a regular basis in town please name them in the space below.

Thank you so much for doing this. Without you the research could not reflect real life experience.

## **Appendix Four: Supported data collection activities**

Postive Futures and Ballymoney Shadow Council arranged for thirty adults with learning disabilities to undertake Mystery Shopping in groups of three or four friends. They were supported in completing a report and in completing the NI wide Service Survey.

Mencap adapted the survey into an easy to understand format which they then used with their groups across Northern Ireland, gathering information using a focus group approach

The Belfast Deaf Association arranged support to enable sign users to complete the survey.

## **Appendix Five: Members of the communications nexus**

Action on Hearing Loss  
Arts and Disability Forum  
Ballymoney Disability Forum  
Ballymoney Shadow Council / Compass  
Barnardo's  
Belfast Deaf Association  
Bryson Group  
Centre for Independent Living  
Compass People  
Disability Action communications  
Disability Matters  
Edgecumbe Activity Group  
Foyle Deaf Resource Centre  
Guide dogs  
Leonard Cheshire  
Mencap  
Mindwise  
Omagh Access Forum  
RNIB  
SEP Derry  
Signature  
Sound Vision Ulster  
Strule Arts Disability Advisory  
Trailblazers  
U3A Foyle  
Welcome Trust  
William Keown Trust  
Willowbank Resource Centre

## Appendix Six: Experience report

Your Name

Town visited

Name of premises

Nature of service

Date of visit

Time of visit

Not able to use the service?

If you tried but could not use the above service, please tick all the reasons that apply and explain briefly underneath.

I could not find it.	
I could not get in.	
I could not use it for another reason.	

Please explain here what would need to change so you could have used the service

Getting to the town

If you needed to book ahead to use the service, such as make an appointment or buy a ticket, how did you do this and were there any difficulties?

How did you get to the service

Walk	
Wheelchair/scooter	
Car – I drive myself	
Car – Someone else drives me there	
Taxi	
Bus	
Train	
Other please explain below	

How did you use the service?

On my own	
With an assistant or helper	
With a friend or family member	
With a group of people	

Did you have any difficulties in getting into the town to use this service?

No	
Yes	

If yes, please explain here.

If you have explained this for other services in the same town, you need not repeat it, please state "See my report on" and give the name of the service.

Physical Access

How satisfied were you with the physical access features listed below in the town?  
Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Nature of the pavements					
Provision of dropped kerbs					
Pavement being clear of advertising stands, street furniture or other temporary obstacles					
Parking in general					
Provision of designated parking bays					
Enforcement of designated parking bays					
Getting into the buildings					
Moving on one level in buildings - space, doors etc					
Moving to other floors– lifts, escalators, steps, ramps					
The way goods are displayed					
The counters and tills at reception or payment areas					
The furniture provided for customer use					
Availability of accessible toilets					
Facilities provided within accessible toilets					
Availability of accessible dressing / changing rooms					
Provision of facilities for assistance dogs					
Lighting within building					
Level of glare on glass windows and/or displays					
Acoustics or noise levels					
Health and safety or emergency evacuation provision					
Arrangements for advance booking e.g.tickets, appointments					
Add anything else in 6 or 7 below					

Please note the key things that meant this service offered poor physical access for you.

Please note anything that made physical access good for you for this service.

What two or three things should be done to improve the physical access provided to you by this service?

Overall, how satisfied were you with the general level of physical access.

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Physical Access					

## Customer Service

How satisfied were you with the following customer service factors at this service?

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Availability of Shopmobility					
Helpfulness of staff					
Patience of staff					
Staff being unpatronising and respectful					
The way staff respond to requests to improve things					
Staff attitude to assistance dogs					
Staff knowledge of accessible facilities					
Attitude of other customers					
Friendly, unthreatening atmosphere in the town					
Add any other items to 11 12 below					

Please note below the key things that meant this service offered poor customer care and service for you.

Please note below anything that meant this service offered good customer service.

What two or three things should be done to improve the customer service provided to you by this service?

Overall, how satisfied were you with the general level of customer service in this place?.

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Customer Service					

## Information

How satisfied were you with the following information factors at this service?

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Directional signage					
Signage to accessible facilities					
Accessible Information (i.e. information in good size type, good contrast)					
Availability of hearing loops					
Hearing loops fully functional and staff know how to use them					
Staff knowledge of sign language BSL or ISL					

Easy read information provided					
Offers and promotions being relevant to people with access needs					
Please add any others you want to mention to 16 or 17 below					

Please note anything that meant this service offered poor information to you.  
Please note below anything that meant this service offered good information to you.  
What two or three things should be done to improve the information provided to you by this service?

Overall how satisfied are you in general with the information provided.

Please mark 'X' in the NR column if the item is not relevant to you. Otherwise mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Information					

### Technology

If you needed to use technology during this visit, please mark below. For example hole in the wall machine, ATM, a credit or debit card machine, entry codes for doors or lockers, pay meters)

Please say below what technology you needed to use (if none go to Q 25)

Was the technology accessible to you?

If not accessible please say why e.g. it required dexterity, sight, hearing, mobility etc

Did staff make reasonable adjustment for this, and if so, what did they do?

If not, how was the matter resolved, if at all?

### Conclusion

Taking into account physical access, customer service and information how satisfied are you with access to this service ?

Mark so that 1 is not at all satisfied. 2 Somewhat satisfied. 3 Satisfied. 4 Very satisfied

	NR	1	2	3	4
Overall access to the service					

Anything else we should note, please say here

Thank you for doing this, it will help guide change.

I give AdaptNI permission to use this information and to quote from it, if this is done without my name attached.



Staff trained general Disability Training		
Specific impairment training carried out		

Information

Auditor's mark against Building regulation, BS 8300,

1 poor. 2 average 3 good 4 Very good

	NR	1	2	3	4
Directional signage					
Signage to accessible facilities					
Accessible Information (i.e. information in good size type, good contrast)					
Availability of hearing loops					
Easy read information provided					

Overall, Auditor's score of the general level of accessible information

1 poor. 2 average 3 good 4 Very good

	NR	1	2	3	4
Information					

Conclusion

Taking into account physical access, customer service and information overall score

	NR	1	2	3	4
Overall access to the service					

## Appendix Eight: Local town of survey respondents (236)

Location	No.	% of total
Belfast	78	33%
Derry-Londonderry	19	8%
Lisburn	17	7%
Omagh	14	
Enniskillen	12	
Ballymena	8	
Coleraine	7	
Bangor	6	
Newry	6	
Carrickfergus	5	
Cookstown	5	
Portadown	5	
Antrim	4	
Armagh	4	
Newtownards	4	
Holywood	4	
Downpatrick	3	
Maghera	3	
Ballyclare	3	
Dungannon	3	
Ballymoney	2	
Banbridge	2	
Glengormley	2	
Irvinestown	2	
Lurgan	2	
Magherafelt	2	
Newtownabbey	2	
Strabane	2	
Ballywalter	1	
Broughshane	1	
Carryduff	1	
Cushendall	1	
Dungiven	1	
Limavady	1	
Moira	1	
Rathfriland	1	
Saintfield	1	
Portavogie	1	

## Appendix Nine: Physical access dash board by data source

Physical access	Mystery shoppers Score 2.77	NI wide survey Score 2.2	Audit Score 2.36
<b>Bad 0 - 0.9</b>	<ul style="list-style-type: none"> <li>• Advance booking (deaf, hard of hearing)</li> <li>• Parking provision &amp; pavement surfaces, dropped kerbs and obstructions (Blind, visually impaired, hidden disability)</li> </ul>		
<b>Not at all satisfied 1.0 - 1.4</b>	<ul style="list-style-type: none"> <li>• Accessible changing rooms</li> <li>• Acoustics (hard of hearing)</li> <li>• Availability accessible WCs (wheelchair users)</li> <li>• Moving vertically (blind / partially sighted)</li> </ul>		
<b>Not at all satisfied 1.5 - 1.9</b>	<ul style="list-style-type: none"> <li>• Designated parking enforcement (wheelchair users)</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible changing rooms</li> <li>• Acoustics (hard of hearing, assistance dog user)</li> <li>• Goods display (visually impaired)</li> <li>• Level of glare (visually impaired)</li> <li>• Parking provision &amp; pavement surfaces, dropped kerbs and obstructions (Wheelchair users, blind, visually impaired)</li> </ul>	<ul style="list-style-type: none"> <li>• Dropped kerbs</li> <li>• Furniture</li> </ul>
<b>Somewhat satisfied 2.0- 2.4</b>	<ul style="list-style-type: none"> <li>• Designated parking provision</li> <li>• Designated parking enforcement</li> <li>• Availability accessible WCs</li> <li>• Advanced booking (people with learning disability)</li> <li>• Getting into buildings (wheelchairs users and people with learning)</li> </ul>	<ul style="list-style-type: none"> <li>• Acoustics</li> <li>• Advanced booking</li> <li>• Availability accessible WCs</li> <li>• Counters &amp; tills</li> <li>• Designated parking provision</li> <li>• Facilities accessible WCs</li> <li>• Furniture</li> <li>• Getting into buildings</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible changing rooms</li> <li>• Counters and tills</li> <li>• Designated parking provision</li> <li>• Getting into buildings</li> <li>• Glare</li> <li>• Goods display</li> <li>• Guide /</li> </ul>

	<ul style="list-style-type: none"> <li>disabilities)</li> <li>• Acoustics (hard of hearing)</li> </ul>	<ul style="list-style-type: none"> <li>• Goods display</li> <li>• Guide / assistance dogs</li> <li>• Health and Safety / Emergencies</li> <li>• Level of glare</li> <li>• Moving horizontally (wheelchair users)</li> <li>• Moving vertically</li> <li>• Pavement surfaces, dropped kerbs and obstructions</li> </ul>	<ul style="list-style-type: none"> <li>Assistance dogs</li> <li>• Health and Safety / Emergencies</li> <li>• Moving vertically</li> <li>• Pavements</li> </ul>
<b>Somewhat satisfied 2.5 – 2.9</b>	<ul style="list-style-type: none"> <li>• Acoustics</li> <li>• Counters and tills</li> <li>• Facilities accessible WCs</li> <li>• Furniture</li> <li>• Getting into buildings</li> <li>• Health and Safety / Emergencies</li> <li>• Moving horizontally (wheelchair users)</li> <li>• Pavement clear</li> <li>• Pavement surface</li> </ul>	<ul style="list-style-type: none"> <li>• Lighting in the building</li> <li>• Moving horizontally</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible WCs facilities</li> <li>• Availability of accessible WCs</li> <li>• Designated parking enforcements</li> <li>• Moving horizontally</li> <li>• Pavement clear</li> </ul>
<b>Satisfied 3.0 – 3.4</b>	<ul style="list-style-type: none"> <li>• Advanced booking</li> <li>• Goods display</li> <li>• Guide /assistance dogs</li> <li>• Lighting</li> <li>• Moving horizontally and vertically</li> </ul>		<ul style="list-style-type: none"> <li>• Lighting</li> </ul>
<b>3.5 – 3.9</b>			
<b>Very 4.0+</b>			

## Appendix Ten: Customer service dash board by data source

Customer service	Mystery shoppers	NI wide survey	Audit
	Score 3.2	Score 2.54	68% not trained staff
<b>Bad 0 - 0.9</b>			
<b>Not at all satisfied 1.0 – 1.4</b>			
<b>Not at all 1.5 – 1.9</b>		<ul style="list-style-type: none"> <li>• Staff knowledge (hard of hearing)</li> </ul>	
<b>Somewhat satisfied 2.0- 2.4</b>		<ul style="list-style-type: none"> <li>• Attitude of customers</li> <li>• Staff knowledge</li> </ul>	
<b>Somewhat 2.5 – 2.9</b>	<ul style="list-style-type: none"> <li>• Staff knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Atmosphere in town</li> <li>• Attitude to guide / assistance dogs</li> <li>• Shopmobility</li> <li>• Staff patient &amp; helpful, respectful , response to requests</li> </ul>	
<b>Satisfied 3.0 – 3.4</b>	<ul style="list-style-type: none"> <li>• Attitude of customers</li> <li>• Attitude to guide /assistancedogs</li> <li>• Shopmobility</li> <li>• Staff patient &amp; helpful, response to requests</li> </ul>		
<b>3.5 – 3.9</b>	<ul style="list-style-type: none"> <li>• Atmosphere in the town</li> <li>• Staff respectful</li> </ul>		
<b>Very 4.0+</b>			

## Appendix Eleven: Information provision dash board by data source

Information provision	Mystery shoppers Score 2.85	NI wide survey Score 2.21	Audit Score 1.72
<b>Bad 0 - 0.9</b>			
<b>Not at all 1.0 – 1.4</b>		<ul style="list-style-type: none"> <li>• Accessible information (visually impaired)</li> <li>• Hearing loops (hard of hearing)</li> <li>• Hearing loops work</li> <li>• Hearing loops work (hard of hearing)</li> <li>• Staff BSL</li> </ul>	<ul style="list-style-type: none"> <li>• Easyread information</li> </ul>
<b>Not at all satisfied 1.5 – 1.9</b>	<ul style="list-style-type: none"> <li>• Accessible information (hard of hearing)</li> <li>• Hearing loops</li> </ul>	<ul style="list-style-type: none"> <li>• Directional signage (visually impaired)</li> <li>• Hearing loops</li> <li>• Offers relevant</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible information</li> <li>• Directional signage</li> <li>• Hearing loops</li> <li>• Signage to accessible facilities</li> </ul>
<b>Somewhat satisfied 2.0- 2.4</b>	<ul style="list-style-type: none"> <li>• Hearing loops work</li> <li>• Signage to accessible facilities (people with learning disabilities)</li> <li>• Staff BSL</li> </ul>	<ul style="list-style-type: none"> <li>• Accessible information</li> <li>• Directional signage</li> <li>• Easyread information</li> <li>• Signage accessible facilities</li> </ul>	
<b>Somewhat 2.5 – 2.9</b>	<ul style="list-style-type: none"> <li>• Accessible information</li> <li>• Directional signage</li> <li>• Easyread information</li> <li>• Offers relevant</li> <li>• Signage accessible facilities</li> </ul>		
<b>Satisfied 3.0</b>			
<b>3.5 – 3.9</b>			
<b>Very 4.0+</b>			