# Inclusive
## KENSINGTON & CHELSEA

**A Report on the Inclusion Needs of Disabled People**

Report produced by

**Action Disability Kensington & Chelsea**

ADKC
**Action Disability**
*Kensington & Chelsea*
*A Centre for Independent Living*

# Inclusive
## KENSINGTON & CHELSEA

## Contents

# Introduction



The Kensington and Chelsea Partnership, and the organisations represented on it, are committed to securing the best possible quality of life for all residents in the Royal Borough.

To turn that ambition into reality we need to understand the aspirations and the needs of the people who live here, and to respond to them effectively. Recent advances in legislation have improved the rights of disabled people. Real improvements in their opportunities and day-to-day lives depend, however, not on Acts of Parliament but on the attitudes and actions of the people they meet and the organisations whose decisions and services affect their quality of life.

That is why I welcome 'Inclusive Kensington and Chelsea'. The views, ideas, suggestions and recommendations in this report challenge all of us on the Partnership and in the borough more widely to respond positively. Of course, not everything can be achieved at once. The realities of life mean that some of the changes and actions the report urges will take time and need money. Others, though, can be achieved much more quickly. I look forward to working with the Partnership and others in the borough to make an 'Inclusive Kensington and Chelsea' a reality.

**Merrick Cockell**
Chairman, Kensington and Chelsea Partnership

# Forward

Inclusive Kensington and Chelsea is the first report to highlight different aspects of our lives as local disabled people, the barriers that we face which prevent us from participating in mainstream society and from having the same choice and control that other people take for granted.

I would like Kensington and Chelsea to be the local and national showcase for inclusivity, recognising and overcoming the challenges highlighted by this report. This report constitutes only the beginning of a process. Some service providers may not agree that what is written is accurate, however, it does offer a truly accurate reflection of the views of local disabled people and how we experience the services that we receive.

I would like to thank all the ADKC members who completed questionnaires for the report and all the ADKC staff who helped to write it. I would particularly like to thank Hannah Terrey for her hard work and detailed research which enabled us to complete the report.

I recognise that the path to accessibility will take time and commitment from many partners, but I believe that achieving the basic right of inclusion for all local disabled people is an integral part of a modern Western society and that in the long run will make sound economic sense.

I take heart from the words of the Civil Rights activist Ella J. Baker
*"We who believe in freedom cannot rest until it's done!"*

**Menghi Mulchandani**
Chief Executive, ADKC

# Executive Summary

## Key Points

'Inclusive Kensington and Chelsea' has been written by **Action Disability Kensington and Chelsea**, on behalf of the **Kensington and Chelsea Partnership**.

The report is a result of research, observation and consultation with local disabled people, service providers and key stakeholders.

The report aims to identify the primary barriers to inclusion experienced by disabled people in Kensington and Chelsea.

'Inclusive Kensington and Chelsea' explores the experience of disabled people in all areas of life and lifestyle choice. The findings and recommendations are grouped in the following areas:

- Health, Social Care & Housing
- Education and Training
- Employment
- Young Disabled People and Transition
- Leisure and Recreation
- Information, Communication and Information Technology
- Transport & Public Spaces
- Black & Minority Ethnic Organisations
- The Voluntary & Community Sector
- Police and Community Safety

It is hoped that the findings and recommendations contained in this report will serve as the basis for on-going work to develop a joint approach to removing these barriers.

It is recommended that Inclusive Kensington and Chelsea should be the collective responsibility of the Kensington & Chelsea Partnership. This could take the form of a Disability Equality Scheme.

**This joint approach will help to ensure that high quality access and inclusion becomes an overarching theme in policy, planning and service delivery across all sectors.**

# Background and Context

The document can only be fully understood with reference to current thinking around disability equality. **The recommendations included in the report are informed by The Social Model of Disability and the principles of Independent Living**.

## The Social Model of Disability

Historically disabled people have been excluded from mainstream society, and continue to face discrimination and prejudice leading to disadvantage and oppression. The traditional or 'medical' model of disability views the disabled person as the 'problem' who needs to change in order to accommodate the needs of society.

Disabled people have challenged this model and instead have adopted the Social Model of Disability, which states that it is society itself that 'disables' people by creating barriers, which prevent them from participating in society. The responsibility is placed on society to remove these barriers, rather than individuals to change themselves.

The main disabling barriers experienced by people attempting to access services, can be divided into three main areas:

• Physical/environmental – the design and use of the physical environment, including signage and technology, can exclude disabled people.

• Attitudinal – the negative stereotypes, myths and assumptions held by staff, service providers and other people using the services, discriminate against disabled people.

• Organisational – policies, planning, and procedures often do not include disabled people or they can discriminate against people because of their impairment.

**Making services accessible to and inclusive of disabled people involves recognising and removing all of these barriers.**

Removing barriers for disabled people means that the environment and services are more accessible to ALL customers and users. For example, removing steps will not only allow the free movement of wheelchair users, but will also assist mothers with pushchairs and older people with mobility problems; information presented in simple picture-supported English will make access easier for people with learning difficulties and will also often be chosen by people whose first language is not English. Clear signage and well-designed layouts may help people with visual impairments, people with learning difficulties, people in a rush and everyone else!

## Independent Living

The promotion of Independent living is key to genuine inclusion within society.

Independent living is not just about being able to live in your own home – though that is part of it for many disabled people. Rather, independent living is all about providing disabled people with:

• Choice
• Empowerment and
• Freedom

This does not mean that disabled people are expected to do everything for themselves – but they are expected to have the biggest say in what they do and how they live their lives and to take responsibility for their lives. The independent living agenda cuts across a number of different policy areas – social care, health care, housing, transport, education, employment and beyond.

## Being a disabled person in today's society

Disabled people experience disadvantage in many aspects of daily life. Compared with non-disabled people, disabled people are:

• More likely to live in poverty – the income of disabled people is, on average, less than half of that earned by non disabled people;

• Less likely to have educational qualifications;

• More likely to be economically inactive – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people;

• More likely to experience problems with hate crime or harassment – a quarter of all disabled people say that they have experienced hate crime or harassment,

• More likely to experience problems with housing;

• More likely to experience problems with transport – the issue given most often by disabled people as their biggest challenge.

## Disadvantage among disabled people has significant economic and social costs

The adverse outcomes experienced by many disabled people reduce quality of life both of disabled people themselves and for their families. This also has economic and social costs. Many disabled people are unable to make an effective contribution to their local community and economy – yet with the right support, they could be working and actively taking part. The disabled people who are currently out of work represent a significant pool of potential skills and abilities – if only that potential could be tapped, and expectation raised. Instead of being empowered to work, earn spend and pay taxes, too many disabled people are left to depend on benefits and government support. And, poor economic outcomes during their working lives prevent disabled people from providing comfortably for old age, thus prolonging disadvantage into retirement.

# Recent developments in legislation and policy

**The Disability Discrimination Act (DDA)** is one of the most significant British anti-discrimination legislative developments in the last quarter of the century. It outlaws 'less favourable treatment' on the grounds of disability in relation to employment, goods and services and renting of premises. It also requires adoption of 'reasonable adjustments' to the way in which services are provided, including offering assistance to disabled people and making structural changes to premises.

**The Disability Discrimination Amendment Act 2005** – Recommendations made by the Government's Disability Rights Task Force have brought about significant amendments to the 1995 DDA. The new Act introduces a wide range of measures including new requirements for transport vehicles; extending duties on reasonable adjustments to landlords and others who manage rented premises; covering larger private clubs; extending the rights of disabled local councillors; and bringing people with other impairments such as HIV and multiple sclerosis into scope. A particularly significant amendment is a new duty placed on the public sector 'to promote disability equality' (this parallels the Race Relations Amendment Act).

**The Commission for Equality and Human Rights** – the Government announced in October 2003 plans to set up a new commission for Equality and Human Rights. It is intended to bring together the work of three existing equality commissions – the Commission for Racial Equality (CRE), the Disability Rights Commission (DRC) and the Equal Opportunities Commission (EOC) – and also to take responsibility for new laws outlawing workplace discrimination on the grounds of age, religion or belief, and sexual orientation.

In recent years, the inclusion needs of disabled people have been increasingly recognised in national policy development, which addresses specific areas of service provision. For example **The Government's Strategy for SEN (Special Educational Needs) – 'Removing Barriers to Achievement' (Feb 2004)** sets out a programme of sustained action over a number of years to improve outcomes for children with SEN.

The Greater London Authority (GLA) has also done a considerable amount of work to move the disability equality agenda forward. The most recent document to be published, **The Greater London Authority's Disability Equality Scheme**, looks at how the GLA plans to prioritise work in disability equality issues across London.

Such is the current rate of change that significant policy and strategic developments have occurred since that publication of the draft document 'Inclusive Kensington and Chelsea'. In January 2005, The Prime Minister's Strategy Unit launched **'Improving the Life Chances of Disabled People'**, which sets out an ambitious programme of action in four key areas: Independent Living, Families and Young disabled children , Transition into Adulthood and Employment. The direction outlined in this report is very much welcomed by the Disability Rights Movement

**Action Disability Kensington and Chelsea (ADKC)** is pleased to note that the strategic direction taken by the Prime Minister's Strategy Unit is very much in line with the recommendations included here.

## Local Context

Kensington and Chelsea covers an area of approximately 5 square miles, with an estimated resident population of approximately 160 000.

The Borough is ethnically diverse, with over 100 languages spoken. Some of the richest

and poorest areas in the country are contained within its 18 electoral wards.

Varying sources estimate that between 5 000 and 21 000 disabled people, aged between 18 and 64 years, live in the borough.

As we have noted already, much work on disability equality issues is happening on a London-wide and national level. Within Kensington and Chelsea, some individual agencies and organisations have begun addressing disability issues. Many more are now concerned to learn what the requirements under the DDA will mean to them. There are certainly examples of current good practise within the Borough. However, there is no precedent for a partnership strategic approach towards promoting disability equality on a local level.

## Inclusive Kensington and Chelsea

The aim of this document is to inform the future work of the Kensington and Chelsea Partnership in championing the Inclusion of Disabled People.

The first step on the journey towards an Inclusive Kensington and Chelsea is to examine the current experience of local disabled people and the main barriers that prevent their full inclusion in all aspects of local life.

### How inclusive is Kensington and Chelsea today?

This is, of course, an impossible question to answer definitively. In order to come close to a conclusive answer, it would be necessary to carry out a thorough access audit of every building and organisation in the borough.

It is not possible for this document to detail all the barriers and challenges faced by disabled people in Kensington and Chelsea.

The report examines the current situation and makes recommendation for action in several

key areas of life and lifestyle:

• Health, Social Care & Housing

• Education and Training

• Employment

• Young Disabled People and Transition

• Leisure and Recreation

• Information, Communication and Information Technology

• Transport & Public Spaces

• Black & Minority Ethnic Organisations

• The Voluntary & Community Sector

• Police and Community Safety

### Limitations and Information gathering

It is important to note from the start that there is a lack of consistent or useful information concerning the numbers of or the needs of the local disabled population.

Varying sources put the number of disabled people in the borough anywhere between 5000 and 21000.

For the purposes of this report, 'disabled people' covers people with physical, sensory and hidden impairments. It also refers to people with learning disabilities and mental health issues. The authors of this report predominately work with people with physical, sensory and hidden impairments and many of the findings and subsequent recommendations are based in this experience. ADKC hopes that any gaps in the findings and further recommendations will be gained through consultation with organisations representing other disabled people.

It is also difficult to build up a picture of the current state of physical access across the borough. Although key partners such as RBKC and the PCT have carried out extensive audits of their own properties and services, it is difficult to access this information. The situation becomes increasingly difficult when looking at independent and private service providers

(e.g. restaurants or leisure providers) as there is no overseeing body responsible for auditing services.

Attempting to give an accurate picture of the attitudinal and organisational barriers presents an even greater challenge, as much of the evidence of discriminatory attitudes or practices is anecdotal and examples of positive attitudes and flexible service delivery is invariably more difficult to capture in surveying experiences.

It is recommended that a centralised database is established, possibly to be maintained by ADKC, with the aim of gathering important information regarding the changing local situation in relation to disability equality.

As information from access audits, surveys or service-user feedback is gathered by key partners, this should be made available to all interested parties and should feed into on-going monitoring of progress.

## Common Themes

The findings of the varied research into the barriers to inclusion did not present any huge surprises. There were many commonalities across different areas of service provision. Obstacles were, on a broad scale, similar whether experienced within a health care setting or when trying to access education or recreational activities.

The barriers experienced fall into the three main areas identified earlier, namely physical, attitudinal or organisational. There are therefore several overarching recommendations, which are relevant to all organisations in all areas of service provision.

### Overcoming Physical Barriers and the Built Environment

Kensington and Chelsea has 5000 listed buildings, with Conservation areas covering approximately 70 percent of the borough.

Most of the buildings in the conservation areas are Victorian – tall, narrow, multi-floor premises, the majority with staircase entry. As well as residential houses and flats, this type of property also houses public facilities such as GP surgeries.

Many of these buildings present formidable disability access problems and, it must be recognised, major difficulties to those trying to overcome access limitations via structural adaptation. Some difficulties derive from planning/conservation resistance. However, there are also inherent structural problems for, as well as external stairs, tall, narrow buildings tend to lack spare internal space required for the introduction of space-hungry additions such as lifts.

These difficulties affect disabled people both as residents and as users of services and facilities.

There is a need for key people within organisations and infrastructure agencies to take responsibility for commissioning access audits of all existing facilities and buildings. It is envisaged that the Chamber of Commerce could take an important role in overseeing the progress made by commercial businesses in the borough.

Prioritising physical access in planning and budget allocation is key to making realistic and sustainable improvement over time.

There is also a role for the planning department and licensing authority to champion inclusive design in all new developments and refurbishments. Policies, which make access statements a requirement for all applications and practice that supports applicants to strive towards good practise, will go a long way in promoting inclusion within the borough.

Physical barriers are not restricted to the built environment and structural obstacles. Inclusive design should take into account other barriers to inclusion, such as information, signage, communication and the use of technology.

All organisations and service providers should review their current information with the view to making information inclusive of ALL disabled people and ensuring that information is available in all accessible formats on request.

To ensure that disabled people do not continue to face barriers to communication, it is important that interpreters are readily available and modern technology is fully utilised to enhance communication and to support flexible service delivery. It is recommended that key partners take a joint approach to this and work to share and make these resources viable and accessible to smaller organisations. For example, given the shortage of British Sign Language Interpreters, the establishment of a remote video interpreting service at certain public sites, such as Social Services Offices or Health Care facilities could improve access to various services for deaf people.

Internet and web-based provision has the potential to increase access for disabled people to information and services. It is therefore essential that all websites meet the recommended Bobby Standards.

A well publicised complaints 'hotline', with clear standards for actioning complaints and an awards scheme, which recognises good practice and inclusive design, would help to encourage the removal of physical barriers to inclusion.

**Breaking Down Attitudinal Barriers to Inclusion**

In a survey of ADKC members, the attitudes of staff and other customers and service users was identified by over 50% of respondents as sometimes limiting their access to local services and facilities. This was a larger percentage than those who stated that problems with getting into buildings sometimes limited their access.

From our findings, across all areas of service provision – from employment to shopping –

staff awareness and attitudes is the largest common barrier to inclusion. Therefore it is recommended that all staff, policy and decision makers, at all levels, should receive Disability Equality Training and other specific disability related training where appropriate.

DET is based on the direct, collective experiences of disabled people and recognises the direct links with other equalities. DET puts emphasis on 'action', i.e. making changes within the working environment and society, by looking at barriers within the workplace and encouraging participants to form an action plan to remove the barriers.

DET is lead by disabled people themselves.

A flexible approach to service delivery can also help to support inclusion. Where the built environment, lack of other facilities or equipment may currently exclude disabled people, or where the current methods of service delivery do not meet the needs of disabled people, providers should look for alternative means of provision. Home visiting, using alternative locations or use of the internet are just some examples of possible service delivery methods.

### Getting over Organisational Obstacles

Motivation to improve services for disabled people needs to be lead from the top by a management team that is committed to inclusion. This commitment needs to be explicitly stated in all policy and practices.

A key element of the public sector duty to promote disability equality is the requirement that public authorities involve disabled people in their compliance with the duty's requirements. The DRC has produced guidance to help public bodies respond.

In order to ensure that policy developments are truly inclusive, all targets, standards and agreements substantially affecting disabled people should be set in consultation with disabled people and their local organisations.

A clear User Involvement Protocol for local authorities and partners, should be established in collaboration with local disability organisations. Key Partners have an important role to play in modelling good practice and championing inclusion across all agendas. They should demonstrate their commitment to inclusion by being positive employers of disabled people at all levels.

## So are there particular 'problems' in different areas?

The findings and recommendations within the main report are grouped in different areas of life and lifestyle.

There are definitely issues that are specific to these different areas of service provision. A programme of practical measures and recommendations is set out for each of these areas. A complete list of recommendations is attached with this summary.

It is important to recognise, however, that the disadvantage experienced by disabled people is cumulative and that access to or exclusion from one area of life will have a knock on effect on other needs. For example, lack of appropriate personal assistance, through social care assessments which fail to adequately meet needs, will have a great and detrimental impact upon an individualís ability to participate in other aspects of community life, such as going to the theatre, shopping or going to work. Similarly lack of access to effective and timely primary health care has been demonstrated to exasperate mental health issues for deaf people.

### Social Care, Health and Housing

Currently disabled people, who need assistance with social care, health care or housing, have to negotiate many different and often difficult systems. Each area has separate criteria, measures and practices.

A new way of supporting disabled people is needed, focused on the goal of independent

living. Over time, this new approach should bring together existing funding streams that are currently fragmented, and which require people to go through multiple assessments in order to access different forms of support.

Available resources should be allocated as individualised budgets that are made transparent to the disabled person. The disabled person should have choice and control as to how that budget is spent to best meet their needs.

While this new approach is being developed and mainstream service providers become increasingly inclusive, it is necessary to recognise the importance of, and ensure continued funding of specialist essential services within the community, (such as shopping services and meals on wheels).

There is also a case for establishing specialist provision, such as deaf-friendly GP surgeries, which could be widely promoted and enable good service through GP staff with a specialist interest in deafness. This would not raise standards everywhere, but would contribute to targeted improvements.

It is important, however, that commissioning of services should work towards the Social Model of Disability and attempt to break down barriers to inclusion rather than maintain dependency on 'special' care.

Disabled people face a number of particular barriers to accessing suitable housing.

There is a chronic lack of fully accessible housing in the borough, resulting in some disabled people being, to all extents and purposes, trapped in their own inaccessible home.

The recommendations contained within the report put forward some practical measures, which would help to improve housing issues for disabled people. Many of these recommendations, such as a review of the Disabled Facilities Grants system, directly echo the programme of action set out by the Prime Minister's Strategy Unit in 'Improving the Life Chances of Disabled People'.

## Education and Training

The rhetoric of mainstreaming needs to be followed up by specific action to include disabled children. In line with National policy, RBKC has a policy, which favours mainstream education wherever possible. Given the lack of physical accessibility in so many of the borough's schools, it is not surprising that a large percentage of physically disabled children continue to be educated outside of the borough.

In addition to the built environment, transport, equipment and communication needs are all barriers to inclusion. Workforce limitations – the lack of adequately trained staff and their capacity to cater for a broad range of needs – mean that disabled children are often failing to realise their potential within an inclusive education setting.

These barriers to inclusion exist across primary, secondary, further and adult education facilities.

Budget allocation and planning within the Department of Education and Community Education must realistically reflect the requirements for progressive structural and organisational change.

Successful funding applications for community educational resources should always demonstrate a commitment to inclusion.

Whilst a long-term goal of genuine inclusion is to be supported, there must be systems in place in the short-term, which enable an adequate response to the needs of individual disabled people who are attempting to access education. This may mean a review of the effectiveness of current mainstream and specialist provision within the borough.

Further consideration needs to be given to the educational and access needs of deaf children and adults and how, or indeed if, these can be met within a policy of inclusion within mainstream provision. Exploration of these issues requires consultation with the Deaf Community.

## Employment

Disabled people are frequently denied the opportunity to work for a number of reasons, including discriminatory attitudes by employers, inaccessible working environments, lack of access to education and training opportunities, lack of information and support, and general assumptions that work is not appropriate for disabled people.

Recent government policy has delivered some significant improvements, but more is needed to improve the labour market status of disabled people.

On a local level, cross-department work (e.g. The Welfare to Work Joint Investment Plan) needs to proactively address both the needs of disabled people and ways to remove barriers to employment. Public bodies and statutory services must also act as models of good practice and actively employ disabled people at all levels.

Improving the employability of disabled people of course involves ensuring that disabled people have the skills that employers want. Compulsory education needs to play a key role and there is also a need for accessible 'lifelong learning' for disabled people.

Improving employability may also require investment in employment advisors who have specialist skills or knowledge, and can provide support according to people's needs and is focused on enabling disabled people to maximise their potential and fulfil their aspirations.

## Young Disabled People – Transition

Being on the cusp of adulthood should be an exciting time. Leaving compulsory schooling is accompanied by decisions about future education and employment, and there are changes in family life, social networks and emerging sexuality to contend with. Becoming an adult is also about increased independence and a new orientation in

leisure and cultural activities, housing situation, and health care needs.

User-led advice, information and advocacy, possibly through a peer support project, should be available from an early age; to help guide young people through the process.

All advice and guidance given to young people, including that delivered through the Connexions service, should be based in the Social Model of Disability and should focus on empowering young people to have control and choice.

There needs to be improved continuity in delivery from child and adult services. In the longer term, individualised budgets would allow more seamless services. At present, however, children's and adult services should overlap to remove the 'cliff-edge' experienced by many young people.

Indeed, many disabled teenagers, especially those with learning difficulties, could benefit from children's services well beyond the current age cut-offs for those services.

A focus also needs to be placed on making sure that all youth-based services are inclusive of disabled people, in order to maximise opportunities and social networks

## Leisure and Recreation

Everyone should have access to leisure and recreational facilities and services. Participating in shopping, arts and culture, play or sports is an important part of being an active member of the community.

Choice and control over lifestyle is limited while barriers exist which prevent disabled people from accessing community and commercial buildings and services. Exclusion from some areas, such as sports facilities, or limited choice in food shopping, may also have serious detrimental effects on an individual's health or well being. Disabled people often feel isolated, as it is not possible to take up various social opportunities.

There is also a very convincing economic argument for improved access to commercial services and businesses, as the Disability Rights Commission estimates that disabled people have an annual spending power of approximately £80 billion.

Public bodies – RBKC and, where appropriate, the PCT – should take a lead in championing inclusion in all community services. Where leisure services are commissioned by RBKC, these must have a focus on inclusion. Planning permission and licensing of commercial premises should also require adequate access for disabled people.

Businesses and service providers need support and guidance in order to make realistic plans to meet the access requirements of disabled people. A simple leaflet, which gives targeted and practical advice and information to service providers, could be widely distributed to help combat anxiety and confusion.

Good practice should be formally recognised, promoted and rewarded.

### Information, Communication and Information Technology

Information is power. People need to be able to effectively receive appropriate information, in order to be able to make genuinely informed choices and to have control over lifestyle.

Disabled people often cite a lack of information as a substantial barrier to inclusion. Barriers include lack of information in Braille or on audio tape, complex English which excludes some people with learning difficulties or people whose first language is not English (for example people who use British Sign Language).

Communication also constitutes a considerable obstacle to obtaining information.

Mainstream and specialist information providers, such as CAB, and Nucleus should focus on offering inclusive information and advice services. There is a very clear need for improved access to BSL interpreters. A video-link interpreting service could substantially improve communication barriers for some deaf people.

The internet is a potentially very effective channel of information for disabled people and can help to overcome physical barriers to services. Although there are several community facilities, which offer computer access, there is a great variation in how useable these computers are by disabled people. There is a need for computer centres to invest in up-to-date software, which enables people with visual impairments and learning difficulties to fully utilise the equipment.

### Transport

Nearly half of the respondent's to ADKC's membership survey considered suitable transport to be the most important factor in achieving independence. Despite the introduction of low-floor buses and the installation of lifts at some underground stations, many disabled people still face difficulties in using London's public transport system.

RBKC should take a role in facilitating a transport user group, which represents all disabled people. This would allow for a channel for the experience of local users to be fed back and have influence at a strategic level.

Wherever possible, disabled people should be able to access public transport.

Although specialist transport provision is important in attempting to fill the current large gap in access to public transport, such services can only offer limited, restricted and inflexible alternatives

In order to support the independence of disabled people, specialist services must be well resourced, staffed and reliable. It is recognised that the Taxicard scheme is a

positive and empowering service. Building on this could help to aid the inclusion of disabled people in the community, while public transport remains largely inaccessible.

RBKC must also ensure that there are sufficient and appropriate parking facilities for disabled people.

Disabled People's transport needs should constitute a key area of consideration in joined up assessments. Identifying realistic transport solutions for individuals can help to support disabled people's participation and inclusion in all other areas, such as leisure, education, health and employment.

## Public Spaces

RBKC has made a commitment to make the streets fully accessible, but there is still a lot of work to be done and the standard of street maintenance varies considerably across the borough.

Consistent and predictable systems, such as the use of tactile paving and dropped curbs, need to be established in consultation with users.

The RBKC leaflet, 'Problems in your Street', together with a hotline, should be widely distributed and advertised, so that disabled residents and their organisations are encouraged to contact RBKC about obstructions, damage and other streetscape problems and dangers.

Disabled people should also have easy access to public toilet facilities. Improved information about the location of accessible toilets, together with the promotion of the RADAR Key Scheme by RBKC, could help to make access easier.

## Black & Minority Ethnic Organisations

Kensington and Chelsea has a multi-cultural, multi-ethnic and multi-faith population.

Although there is inadequate information about the numbers and ethnic profile of disabled people within the borough, it can

be assumed that the disabled community within K&C is at least as ethnically diverse as the resident population in general.

Black and Minority Ethnic (BME) disabled people face multiple discrimination in terms of job opportunities, housing and community care assessments. Despite facing so much discrimination, BME disabled people have few support services. They may have little or no contact with white disabled people and so may feel excluded from the disability movement, while their own community groups often cannot offer the relevant support.

It is recommended that there is increased partnership work between BME community groups and local organisations of disabled people, to better address the needs of BME disabled people.

ADKC and other disability organisations should actively outreach to BME groups in order to gain an increased understanding of the issues and to raise awareness amongst BME communities regarding Disability Rights issues.

## Voluntary & Community Sector

Meeting the access needs of disabled people should be addressed by managing access audits of all voluntary, community and faith organisation's premises.

Religious leaders can play an important part in making their communities more aware and inclusive of disabled people. Community leaders and Voluntary organisations should take a lead role in facilitating this by building awareness of the existing disability information, advice and support services within the borough.

ADKC and other disability organisations should actively outreach to Voluntary, Community and Faith groups to increase understanding of the issues and to increase awareness of the Social model of Disability and Disability Rights.

**Police and Community Safety**

According to a recent report published by the Greater London Authority, 'Disability Capital', disabled people have increased chances of being victims of crime.

Comprehensive and effective monitoring of hate-crime against disabled people must take place across the borough.

Despite the increased risk of crime and the fact that the current Community Safety Strategy recognises that crimes against people with learning difficulties is becoming an emerging theme, there are no known crime prevention programmes aimed at disabled people. Such preventative action is recommended.

Physical access to police stations and information is currently poor and needs to be addressed as a priority.

# Implementing the recommendations – Making Inclusion a Reality

The full report highlights shortfalls in access and the barriers that currently exist for disabled people within Kensington and Chelsea.

It is important to recognise, however, that both nationally and locally there has been a great deal of progress over the past decade on the journey towards inclusion.

There is still a long way to go. It is hoped that by working in partnership, the Statutory, Public, Private and Voluntary Sectors can tackle these issues together and in a coordinated way.

The findings contained within this report constitute the first small step in a process towards removing barriers. It is recommended that the following steps are taken:

• A far-reaching consultation on this document to identify gaps and inaccuracies.

• Identification of key partners to take the agreed recommendations forward within their areas of work.

• A smaller working party, with representatives from ALL sectors to produce a Disability Equality Scheme to ensure that inclusion is key in all service provision.

• A fully developed strategy – timetabled with milestones, communicated widely and aimed at steady progressive reform.

• A robust review system to monitor and evaluate progress.

# SECTION 1: Introduction

This introductory chapter sets out the context and aims of the project in section **1.1**. Recent developments in legislation are highlighted in section **1.2**. The next section gives details of some key ideas and concepts which inform the report, such as the Social Model of Disability and the concepts of Independent Living and Inclusive Design. Research sources and limitations are considered in section **1.4**. This is followed by suggested next steps for implementation in section **1.5**.

## 1.1 Project Aims and Context

This report has been produced by Action Disability Kensington and Chelsea (ADKC) on behalf of the Kensington and Chelsea Local Strategic Partnership (LSP).

Action Disability Kensington and Chelsea (ADKC) is an organisation of disabled people. Its aim is to represent, provide services and achieve equality for all disabled people living or working in Kensington and Chelsea.

Achieving this goal involves empowering individual disabled people so that they are able to obtain the rights and services they need in order to participate fully in the community. ADKC also promotes equality of access amongst service providers and other organisations, by lobbying for change within the community.

### Inclusive Kensington and Chelsea

Kensington and Chelsea covers an area of approximately 5 square miles, with an estimated resident population of approximately 160,000. The borough is ethnically diverse with over 100 different languages spoken. Some of the richest and poorest areas in the country are contained within its 18 electoral wards.

Reported figures vary considerably for the number of disabled people resident in Kensington and Chelsea. According to the Council's Draft Equality Scheme 2005, four percent of the borough's working age population (around 6000 residents) have a severe impairment and are economically inactive as a result. Fourteen percent of all residents report having a 'limiting long-term illness'; five percent of these are over 65 years of age.

It is hoped that this document will serve as the basis for ongoing work amongst local agencies, with the aim of:

• Identifying the barriers and challenges that local disabled people face when accessing local services and facilities, through existing local research, studies and user focus groups;

• Developing a joint approach to removing these barriers and challenges by involving disabled people with key public and voluntary sector agencies that provide services. This joint approach should include common practical solutions/methods for enhancing access and training for staff. It should also ensure that high quality access becomes an overarching theme and priority

in policy, planning and service delivery across all sectors.

## 1.2 Recent Legislation and Policy Developments

There have been many important developments in policy and legislation that should have a positive impact on disabled people's lives. Below are details of some of the most significant recent developments. Further policy and legislation information is included in appendix 6.

**The Disability Discrimination Act (DDA) 1995** – the 1995 DDA Act was the first anti-discrimination legislation specifically about disabled people. It is a legal framework of disabled peoples' rights to participate in civil society through application to employers, service providers, landlords and schools and colleges. Some elements became law for employers in December 1996. Others were introduced over time.

**The Disability Discrimination Act (Amendment) Regulations 2003** extended the DDA to firms with fewer than 15 employees and provided new protection for disabled fire-fighters, police, office-holders, barristers, partners in partnerships and people seeking vocational qualifications. It also required the adoption of 'reasonable adjustments' to the ways in which services are provided, including offering assistance to disabled people and making structural changes to premises. The provisions were brought into force on 1st October 2004.

**The Disability Discrimination Amendment Act 2005** – Recommendations made by the Government's Disability Rights Task Force have brought about significant amendments to the 1995 DDA. The new Act introduces a wide range of measures including new requirements for transport vehicles; extending duties on reasonable adjustments

to landlords and others who manage rented premises; covering larger private clubs; extending the rights of disabled local councillors; and bringing people with other impairments such as HIV and multiple sclerosis into scope. A particularly significant amendment is a new duty placed on the public sector 'to promote disability equality' (this parallels the Race Relations Amendment Act).

**Improving the Life Chances of Disabled People** – In January 2005 the Prime Minister's Strategy Unit published this major strategy for Government aimed at promoting the life chances of disabled people. Specific measures concerned Independent Living; the opportunities of disabled children, young people and their families; improving employment opportunities; and setting up an Office for Disability Issues in central government.

**The Commission for Equality and Human Rights** – the Government announced in October 2003 plans to set up a new commission for Equality and Human Rights. It is intended to bring together the work of three existing equality commissions – the Commission for Racial Equality (CRE), the Disability Rights Commission (DRC) and the Equal Opportunities Commission (EOC) – and also to take responsibility for new laws outlawing workplace discrimination on the grounds of age, religion or belief, and sexual orientation.

## 1.3 Key Concepts and Approaches

This document can only be fully understood with reference to current thinking around disability equality. It's most important principles are the Social Model of Disability, Independent Living and the concept of Inclusive Design.

## The Social Model of Disability

Historically, disabled people have been excluded from mainstream society, and continue to face discrimination and prejudice leading to disadvantage and oppression. Disabled people are not, however, a homogenous group with identical needs. People of all ages and from every cultural and ethnic community will have a variety of different impairments and different needs but will become similarly disabled as a result of the barriers imposed upon them by society.

The traditional or 'medical' model of disability views the disabled person as the 'problem' who needs to change in order to accommodate the needs of society. This model has traditionally formed the basis for the way in which society responds to the needs of disabled people and to a great extent still does.

Disabled people have challenged this model and instead have adopted the Social Model of Disability, which states that it is society itself that 'disables' people by creating barriers which prevent them from fully participating in it. The responsibility is placed on society, through government and its agencies, to remove these barriers, rather than on the disabled individuals to change themselves.

Society is organised in a way that takes little or no account of people who have impairments. Barriers such as poor design, inadequate information or discriminatory attitudes can exclude people with impairments. If disabled people are to be afforded the basic human right of full participation in mainstream society, the way in which society is organised must change. Removing these externally imposed barriers will bring about this change.

The main disabling barriers experienced by people attempting to access services can be divided into three areas:

**Physical/environmental** – the design and use of the physical environment including signs and technology can exclude disabled people.

**Attitudinal** – the negative stereotypes, myths and assumptions held by staff, service providers and other people using the services, discriminate against disabled people.

**Organisational** – policies, planning and procedures often do not include disabled people, or discriminate against people because of their impairment.

Making services accessible to and inclusive of disabled people involves recognising and removing all of these barriers.

Management practices and procedures, and people's attitude are crucial to achieving social inclusion. Therefore, raising awareness about institutional discrimination and training staff in equality issues is of utmost importance. (See also appendix 3)

## Independent Living

Independent Living is the key to genuine inclusion within society. It refers to all disabled people having the same choice, control and freedom as any other citizen – at home, at work and as members of the community. This does not necessarily mean disabled people 'doing everything for themselves', but it does mean that any practical assistance people need should be based on their own choices and aspirations.

Independent Living is not just about having choice and empowerment in personal care. For deaf people and those with communication impairments, Independent Living is about interpreter and/or communication support. For people with mental health support needs, advocacy is a 'vital component of Independent Living' (ref 15) whereas people with learning difficulties stress self-advocacy as essential to independence.

As a result of this disabled people have agreed upon and campaigned for the following Principles of Independent Living:

• Independence

• Choice

• Control

• Access to Information

• Accessible Housing

• Accessible Transport

• Access to Employment

## Inclusive Communities

An inclusive Kensington and Chelsea means a community that is open and inclusive of ALL people. A fully inclusive borough would mean that residents, employees and visitors would encounter no barriers in accessing services or the environment, and there would be no discrimination at any level.

The focus of this report is on the barriers faced by disabled people. However it is important to recognise that specific issues and barriers exist for people from Black and Minority Ethnic (BME) groups; for people who are lesbian, gay or bisexual and for those from specific faith groups.

Disability, ethnicity and sexuality have traditionally been considered as unrelated and have been dealt with as separate strands in policy and practice. But Kensington and Chelsea is hugely diverse in terms of ethnicity and culture. Disabled people who also identify with another minority group may encounter additional barriers and may experience many forms of discrimination and exclusion. They may feel alienated from both their cultural group and the disabled community.

Disabled people are not homogenous by culture, language or faith and reflect the diversity of the total population in Britain. However, disabled people from Black and Minority Ethnic groups share the experience of more than one form of discrimination; racism and disablism. They may face

additional barriers such as racist stereotypes, myths and misinformation – for example the idea that consanguinity is responsible for disability in South Asian families. If they are gay, lesbian or bisexual, there is the possibility of additional discrimination.

Under-represented BME groups often lack information about services and the resources to actively seek them out. For example, lack of information in community languages or access to interpretation services and a more general lack of respect for diversity of language, culture and religion in service provision.

## What would an Inclusive Kensington and Chelsea look like?

'Inclusion' is, of course, a wide-ranging and all-encompassing concept. For the purposes of this report the term 'inclusive' refers to environments, or services that are accessible to disabled people. It should be noted however, that disabled people are not a homogenous separate group with identical needs. An inclusive environment cannot meet every single need, but when the principles of 'inclusion' are applied, this can break down barriers and will often achieve superior solutions benefiting everyone.

Current legislation and guidance relates only to access provision for disabled people and has tended to result in "special provision" being made, rather than the needs of disabled people being integrated with all other users. It is hoped that the access requirements of all groups will be incorporated into future legislation, regulation and good practice guidance.

## Inclusive Design

A recent report on tourism by the London Development Agency found that although 95% of people do not complain if they have a bad experience when visiting a facility, nearly all of them do not repeat the visit. It is also five times more difficult to gain new

customers than to retain the customers that a business already has. This means that disabled customers are unlikely to return if access is poor, but are likely to make return visits if access and attitude are good.

The Disability Rights Commission (DRC) has worked to clarify the term 'inclusive design'. The following is a summary of their conclusions. More details can be found at www.drc-gb.org

Inclusive Design is not a fixed set of design criteria, but a constantly evolving philosophy. Its goal is to create beautiful and functional environments that can be used equally by everyone, irrespective of age, gender or disability. This requires a design process which is constantly expanding to accommodate a diverse range of users, as we develop a greater understanding of their requirements, desires and expectations.

The built environment encompasses all internal and external, designed and managed buildings and spaces where people participate in everyday activities. In relation to the built environment, 'inclusive design' extends from inception, through the planning process, detailed design, construction, occupation, management and operation. Each of these stages should be fully inclusive; involving disabled people and other potential consumers in their development and evaluation.

An inclusive environment will be:

**Easy to use, by as many people as possible, without undue effort, special treatment or separation.**

No one should have to use undue effort, such as climbing stairs or a ramp, when level access would be easier. To achieve this principle the access requirements of all users will have to be considered at the earliest possible stage. Fully inclusive consultation has an important role to play here. Fundamental decisions such as a building's location and orientation in relation to the surrounding topography and transport structure (i.e. bus stops etc), will directly influence design decisions.

Similarly, early choice of materials that facilitate greater inclusion, for their colour contrast or acoustic properties, for example, will avoid the need for later remedial cosmetic alterations at additional cost.

## Able to offer freedom of choice and access to mainstream activities

Design, management practices, staff attitudes and disability awareness should not restrict access to buildings or spaces and the activities that take place within them. 'Inclusive Design' should facilitate independent access for those who wish it, but should also offer support and assistance if individuals prefer it. Design and management should therefore operate in harmony to create an inclusive environment. People who require assistance should receive it on their terms and not be restricted by rigid management practices. For example, access to a building shouldn't be solely dependent upon the availability of staff to give assistance or open the 'accessible entrance', but staff training, capacity and procedures should facilitate the provision of assistance if it is required.

## Able to embrace diversity

Inclusive Design celebrates diversity and, although the objective is to seamlessly integrate access into the initial design, it will not always be possible. Existing buildings, in particular may require the installation of specific 'access' features. It is important, therefore, that these should not be seen as a necessary evil, resulting in the creation of institutional 'prosthetic', but as design opportunities that, whilst meeting the requirements of their users, are beautifully designed statements about a building's ability to evolve to accommodate an increasingly diverse society. Embracing diversity is not, however, achieved by lumping the access needs of a diverse set of users together in a tokenistic fashion.

### Safe

The environment should, of course, be safe. Although it may be designed to be safe, it must also inspire a sense of safety and confidence in its users. Designs that disorientate through overuse of monochrome finishes or reflective surfaces, for example, can be as disabling to people with visual impairments or learning difficulties, as steps are to wheelchair users. Equally, surfaces that are perceived to be slippery, even though they are not, can for some people instil a feeling of unease and insecurity.

### Legible and Predictable (without being dull)

Inclusive environments should be legible to their users. The internal layout, judicious use of inclusive information, use of colour and lighting can all convey information about the building and how it should be used. The location of toilet facilities, for example, should follow a logical system. If all provision is on the same floor it should be grouped in the same location.

In the street environment, specific features are designed to a standard layout in order that they are legible and predictable. Liberalising the design of controlled road crossings, for example, would be likely to produce a rapid rise in injuries to visually impaired pedestrians. The standard location and design of tactile surfaces, in relation to the kerb edge and the control box, conveys precise information about where and when it is safe to cross.

Spaces that have been designed to be legible and predictable can be compromised by injudicious management practices. For example, a reception area with seats arranged in auditorium fashion, or in clearly defined groups, is legible and predictable for someone with a visual impairment. If the seating were distributed more randomly it would no longer be legible and predictable, but may become hazardous.

### Of high quality

Inclusive Design is a statement of equality. By applying the same high design standards to meet the access requirements of all users, the design embraces everyone on equal terms. An environment that goes no further than the minimum technical specifications can only impose a sense of inferiority on those forced to use it.

### The built environment in Kensington and Chelsea

Kensington and Chelsea has 5000 listed buildings, with Conservation Areas covering 70% of the borough. Most buildings in the Conservation Areas are Victorian – tall, narrow, multi floor premises, the majority with staircase entry. Some are still occupied by single families, but most are divided into flats. They also house public facilities, e.g. GP surgeries.

Many of these buildings present formidable disability access problems and, it must be recognised, major difficulties to those trying to overcome access limitations via structural adaptation. Some difficulties derive from planning/conservation resistance. However, there are also inherent structural problems, for as well as their external steps, tall narrow buildings tend to lack spare internal space required for the introduction of space-hungry additions such as lifts.

These difficulties affect disabled people living in Kensington and Chelsea, both as residents and as users of community facilities. For example, over half GP surgeries are in converted residential premises. The Primary Care Trust (PCT) reports they have serious disability access inadequacies chiefly around 'vertical circulation' i.e. lifts and staircases, plus lack of proximate parking, with 52% of its GP estate being either not accessible or only partly accessible.

Approximately a quarter of respondents to ADKC's Membership Survey (see section

1.4) reported frequent physical mobility difficulties associated with buildings, including access to buildings, and lack of facilities within the building, such as inadequate adaptation for wheelchair users. At least a fifth of respondents stated that two thirds of the seventeen types of building listed in the survey required improved access. This figure rose to a quarter of respondents for theatres and cinemas and a third for individual shops and restaurants. The other seven types of premises with high deficiency scores were: council offices, health care services (GPs/clinics/hospitals), sports facilities, pubs, shopping centres, libraries, and dentists/opticians.

The Council policy is that access into buildings from the public realm should be achieved within the curtilage of the building – though adjustments to the pavements may be considered if they have no detrimental effects on the drainage/safety of adjoining properties.

It might be expected that when new buildings and shop fronts are being erected, level access will be guaranteed. However, this is by no means the case. For example, on the Portobello Road there are new 'Coffee Republic' and 'Starbucks' cafes, neither of which provides level access.

### How can an inclusive physical environment be achieved?

It is generally accepted that minimum technical standards are necessary as they establish a base-line tolerance, beneath which the environment fails to be accessible.

More details of these minimum standards and appropriate guidance are given in appendix 5.

It is strongly felt however, that rigid adherence to these minimum standards will not produce an inclusive environment. Slavishly following them, without

understanding how spaces and features are really used by people, can to lead to an environment where there are still restrictions to inclusion. Therefore, service providers, whilst being informed of the minimum technical specifications, should also be creating spaces that perform according to the requirements of their users.

The local Unitary Development Plan (UDP) sets out policies to guide new developments in the borough. By the end of 2007 it will be replaced by a series of Development Plan Documents and Supplementary Planning Documents which together will form the Local Development Framework. As part of this process the objectives and policies of the UDP are currently being reviewed and consulted on. This is an opportunity to ensure inclusive design principles are incorporated into the development process.

## 1.4 Research Sources and Limitations

### How inclusive is Kensington and Chelsea?

This is, of course, an impossible question to answer definitively. In order to come close to a conclusive answer it would be necessary to carry out a thorough access audit of every building and organisation in the borough.

It is not possible for this document to outline all the constantly changing barriers and challenges faced by disabled people in Kensington and Chelsea; we can only offer a snapshot of the main areas that prevent the full inclusion of disabled people in all aspects of local life. This must be subject to on-going monitoring and review.

It is also important at this point to reiterate and emphasise that 'Inclusion' is about more than simple physical access. It is also about accessible information, and inclusive policies and attitudes.

## Research Sources

Materials for this report have been drawn from:

• a literature review of demographic information about the borough

• a survey of ADKC members examining access issues

• an Access survey of public, private and voluntary sector organisations in the borough

• interviews with key stakeholders

• site observations.

All the findings are set within the context of the Social Model of Disability and the Disability Discrimination Act.

## Survey of ADKC Members

A questionnaire was sent to the 990 members of ADKC as part of a strategic review of the organisation. There was a 30% response rate. Since the purpose was primarily to inform ADKC's future strategy, much of the questionnaire focused on members' profiles and what they needed from ADKC itself. However, there were some detailed questions about access to services and facilities, and the findings from these are set out in the relevant paragraphs below. See appendix 2 for questionnaire results.

## Access Survey of Organisations

A comprehensive range of organisations – statutory, commercial and voluntary – were invited to complete a self assessment form, evaluating the status of their disability access, the degree of their own understanding of the requirements of the Disability Discrimination Act and their requirements for advice and support in complying with the legislation.

Approximately 1,500 questionnaires were sent out. In total, there were 135 respondents, ranging from large national names, such as Harrods, to small local charities run by volunteers. They included the local authority, forty eight registered charities, seven unincorporated associations, nine state schools, eighteen community NHS services (GPs etc), five leisure facilities, eight places of worship, thirty four private limited companies, five publicly quoted companies, five retail chains and eleven retail sole traders.

Where so few organisations within the borough responded to the access survey, it seems reasonable to conclude that the 135 that did are among the ones placing the greatest emphasis on disability matters. Certainly they felt it to be sufficiently important to reply to the questionnaire when the great majority of their fellows did not. Yet less than 70% of the 135 claimed to make adequate provision for wheelchair users. This suggests that within organisations and services across the borough as a whole, there is likely to be a huge access shortfall.

ADKC's Organisation Survey asked about thirteen different types of 'access assistance'. Each type of assistance was provided by a number of organisations, with the lowest number offering Braille Information (10) and the highest offering Wheelchair Access (92). Large Print/Pictorial Information (44) was substantially more common than Braille. Just over half of all the respondent organisations offered Staff Assistance to disabled people, but dedicated disabled parking was only provided by a third. (Other forms of assistance listed were: Tape recordings, BSL, Induction Loop, Minicom, language line, accessible toilet and transport).

## Research Limitations

There is an overall lack of consistent and useful information available about the number of disabled residents and their characteristics. Estimates of numbers of disabled people may come from population surveys. Most data on disability relies on self-reporting, and for certain impairments – particularly mental health conditions – under-reporting may occur.

The survey of ADKC members is an

important source of information. ADKC members primarily are people with physical, sensory or hidden impairments. We have, however, been unable to carry out a survey concerning the opinions and experiences of people with learning disabilities or people with mental health issues.

We were very keen to ensure that the views and experiences of all disabled people were represented and throughout the consultation period we actively sought the input of individuals, groups and organisations representing disabled people as well as requesting feedback from professionals working in this field.



## 1.5 The Next Steps – Implementation

*The following sections highlight some of the shortfalls in access and the barriers which currently exist for disabled people within Kensington and Chelsea.*

*It is important to acknowledge that both nationally and locally there has been a great deal of progress over the past decade on the journey towards inclusion.*

*But there is still a long way to go. It is hoped that by working in partnership, the Statutory, Public, Private and Voluntary Sectors can tackle these issues together in a coordinated way.*

*The findings contained in this report constitute the first small step in a process towards removing barriers. It is recommended that the following steps are taken:*

*• The Kensington and Chelsea Partnership (KCP) should collectively be responsible for implementation*

*• The recommendations in the report should be reviewed by a sub-group of the KCP and priorities should be agreed*

*• An Action Plan with clear indications of persons responsible and key dates should be formulated by the sub-group of the KCP to ensure that the agreed recommendations are taken forward. This could take the form of a Disability Equality Scheme*

*• The sub-group to give an annual update on progress of inclusion to the KCP.*

# SECTION 2:
# Creating Change, Promoting Equality

This section discusses the role that the Kensington and Chelsea Partnership and other key stakeholders can play in creating positive change. Section **2.1** starts with a consideration of the importance of commitment of key partners. Section **2.2** then looks at the requirements of public bodies under the Disability Discrimination Amendment Act 2005 to promote disability equality and how these duties can be put into practise.

The recommendations which follow this section are over-arching and are relevant to all areas of work and service provision. They should be considered in addition to the more specific recommendations that follow in later sections.

## 2.1 The Case for Commitment to Change

There are strong grounds for local action on the part of the Kensington and Chelsea Partnership and all other key stakeholders to take action to increase the inclusion of disabled people. Supporting and empowering disabled people to help themselves will improve their participation and inclusion in the community, in the labour market and in wider society. This will deliver social and economic benefits for all of society – and all of society needs to be involved.

Good progress has been made in terms of policy and legislation over the past ten years. However, further improvements are needed in attitudes towards disabled people and in the opportunities and choices that disabled people have in their lives.

It is agreed that disabled people encounter significant disadvantage and experience exclusion and discrimination. Many disabled people still have a poor quality of life and are too often rendered dependent on benefits and care services by the attitudes and approaches of others. This lack of independence undermines disabled people's

equality and rights as citizens. Sometimes this is as a result of direct discrimination, including harassment and hate-crime. More insidious is indirect discrimination including institutional discrimination that assumes disabled people have less to offer than non-disabled people.

**The long-term aim is that disabled people participate in society on the same terms as non-disabled people.** Increasing the employment rate among disabled people will help promote social inclusion and should also reduce negative attitudes from others. For those people who cannot realistically participate in the labour market, resources should be directed to enabling their inclusion in their local communities. Mainstream policies and business should be designed and implemented to take account of the needs of disabled people, alongside all other citizens. This will require widespread sign-up to the net benefits of 'reasonable adjustments' as set out in the DDA.

If the vision of a fully **Inclusive Kensington and Chelsea** is to be achieved it will be necessary for disability issues to be incorporated as an integral component of the way in which society goes about its activity. The Disability Discrimination

Amendment Act 2005 public sector duty, is intended to promote this process within the public sector.

## 2.2. DDA and the Duty to promote equality

The Disability Discrimination Act 1995 has been amended by the Disability Discrimination Bill so that it now places a positive duty on all public authorities to promote disability equality, known as the "general duty". This duty means that public authorities must, in carrying out their functions, have due regard to the need to eliminate unlawful discrimination and harassment of disabled people, and to promote equality of opportunity for disabled people.

There is no list of public authorities to whom the general duty applies, but all of the authorities listed in schedule 1 of the Race Relations Act will fall within the term 'public authority'. The general duty will definitely apply within Kensington and Chelsea to: the local authority, NHS trusts, police authorities, libraries, museums and other publicly funded cultural bodies or institutions, governing bodies of higher education institutions, colleges and universities.

In addition to the general duty, certain public authorities are subject to what are known as 'specific' duties, which set out steps that need to be taken to ensure that their general duties are met. In particular, they set out what they should do to plan, deliver and evaluate action to counter discrimination and promote equality, and to report on the activity which they undertake.

### Disability Equality Schemes

Public bodies that are required to carry out specific duties will need to produce a detailed Disability Equality Scheme, which must be reviewed at least every three years. Progress must be reported annually to the public.

The general, and thus the specific, duties can

build upon the work already done under other equality frameworks, for example, the Equality Standard. The disability equality duty should consolidate, complement and extend the work that is already taking place.

Detailed Guidance on the Public Sector Duty is available from the DRC at www.drg-gb.gov.uk

The code of practise gives useful information regarding:

• Action plans

• Involving Disabled People

• Information Gathering

• Assessing Impact

• Implementing the scheme and

• Reporting progress

The Disability Equality Duty is similar in its scope and demands to the Race Equality Duty. A positive development, however, is the additional requirement to involve local disabled people in devising the Disability Equality Schemes. In order for this to be successful and meaningful, sufficient capacity and resources must be available to enable effective participation of all disabled people. There should be a focus on engaging those who have historically been 'voiceless' within public services.

The aim of the positive duty is for the public sector to become an exemplary employer, responsive to the needs of disabled people through its service delivery, and a driver for wider change through its relationships with contractors and its regulation of the private sector.

The structured model of the Disability Equality Scheme is a structured format for public bodies to set out evidence and actions with regards to promoting disability equality. It is a positive means of focusing attention and resources to ensure that equality and inclusion is a priority; it is strongly felt that ALL organisations, across all sectors, should be able to use this framework to effectively plan inclusive activities.

# SECTION 2: OVERARCHING RECOMMENDATIONS

## Demographic Data Collection

• Better joined up information gathering needs to occur so that a clearer picture of the disabled community exists, so that gaps in need etc. can be highlighted and prioritised

## Management, Infrastructure and Implementation

### Key People

• There should be a named person in authority within every organisation to take lead responsibility for ensuring that recommendations are implemented within their own fields of work

### Modelling Good Practice

• Members of the KCP and other key stakeholders should model good practice in involving disabled people and should be champions of inclusion in all their work

### Policy

• All policy should explicitly refer to actively working towards the inclusion of disabled people

• All policy and procedures should be firmly rooted in the Social Model of Disability

• All new policy work which will potentially affect disabled people should involve disabled people from the start (through consultation with their local organisations or forums – see below)

### Consultation

• Stakeholders and organisations should use a variety of accessible means to genuinely consult with disabled people

• An independent consultation forum should be established and facilitated, which can be accessed by a range of public bodies and organisations

## Recognising and rewarding good practice

• Review of provision should address ways of incentivising effective delivery of services which meet the needs of disabled people

• Awards scheme for good practice should be supported by key partners

## The Built Environment – physical access

### Audits

• Where possible, key people within organisations (or infrastructure agencies), should take responsibility for commissioning access audits of all existing facilities and buildings

• These audits should be carried out by qualified access experts

• These audits should consider physical and communication barriers for ALL disabled people

• ADKC should set up a data base of accessibility within the borough. Data collected by individual organisations should be copied to ADKC

• An information and access website should be produced in order to make this information public

### Budget Allocation

• Improving physical access to buildings and services should be prioritised in all budget planning

### Planning

• Inclusive design in all developments should be prioritised in the new Local Development Framework

• Access statements should be required for ALL developments

• Licensing of premises should be subject to satisfactory access considerations

### Feedback, review, evaluation

• For statutory and large organisations a complaints 'hot line' should be established and publicised widely to enable members of

the public to report access problems and obstructions

• There should be clear standards for actioning complaints.

## Attitudes and Awareness

### Training

• ALL staff, policy & decision makers (both top down and bottom up) should receive Disability Equality Training (DET) and other specific disability related training where appropriate. This training should be led by a disabled trainer or trainers

• An appropriate user led training provider should be identified and budgets pooled to get best value.

## Service Delivery

### Flexibility of service delivery

• Where the built environment is not currently inclusive of disabled people, service providers should agree and advertise other ways of providing services, e.g. home visits, email etc.

### Procurement

• All suppliers and contractors working for KCP members should have an equal opportunities policy and should be able to demonstrate that they are meeting the requirements of the DDA.

## Information

### Accessible Information

• All organisations should review current information provision to ensure that all information is inclusive of ALL disabled people

• All organisations should ensure that they are able to provide published information in all accessible formats on request.

### Communication

• All organisations should encourage the employment of staff with additional communication skills, such as BSL, and

should invest in training staff members

• Contracts should be sought with Interpreting Agencies in order to ensure fast and effective booking of interpreters for deaf people

## Technology

• Modern technology should be used wherever possible to enhance communication and inclusion (service delivery can become more flexible through use of technology such as textphones, emails etc.)

• Websites should be reviewed to meet the Bobby standards (national access standards).

### Information regarding access

• All information about services should include clear information regarding access. This should include parking, level access, toilet facilities, interpreters, assistance available etc

• The Council, PCT and Chamber of Commerce to review websites with this in mind.

# SECTION 3: Social Care, Housing & Health

This section looks at some of the essential core needs of individuals and the barriers which can prevent disabled people from achieving independent lives. Other aspects of lifestyle, such as education, employment and access to leisure and recreation all play a fundamental role in independent living and are discussed in subsequent sections.

Direct support for individuals is often characterised by fragmented and silo-based approaches. Recent policy and strategy, including the Prime Minister's Strategy Unit Document 'Improving the Life Chances of Disabled People' (Ref 15), the Green Paper 'Independence, Wellbeing and Choice' (Ref 20) and the NHS National Service Framework for long-term conditions all push forward the principles of single assessments, individual budgets and pooled resources across departments.

Section **3.1** looks at the current situation in Social Care. This is followed by a consideration of Housing and housing support in section **3.2**. Section **3.3** looks at Health provision within the borough.

## 3.1 Social Care & Direct Payments

### Community Care

Community Care is about helping people who need care and support to live with dignity and independence in the community.

There is a range of legislation and government policy designed to ensure that this happens in the most effective way possible. The biggest and most groundbreaking piece of legislation in this area is the National Health Service (NHS) and Community Care Act 1990. This shifts the emphasis towards individual assessment and supporting people to live in their own homes rather than in institutions. The Act has brought in some of the biggest changes in the Welfare State since the 2nd World War.

Under the Act, local authority Social Services departments have an overall responsibility for Community Care and must produce and publish Community Care Plans and complaints procedures. They must assess people who they think may be in need of community care services and arrange for the provision of care, as well as promote the development of private and voluntary agencies by purchasing care and/or services from them.

The Act has six key objectives:-

• Services for people at home – there are three types of service available:

- Domiciliary or "home-based" services: including home help or home care, occupational therapy and, in some instances, bathing services.

- Day Services: including different types of daytime care outside a person's home;

- Respite Services: Services allowing carers and people being cared for to have a break from each other

• Services for carers

• Assessments for care – local authorities are now solely responsible for assessment of need. Before April 1993, this assessment would have been carried out by many different authorities

• A "mixed economy of care" – based on

the view that better services will result from increased competition from a variety of providers. Local authorities must show, in their Community Care Plan, that they will encourage the independent sector to provide services

• A clear demarcation of responsibilities – local authorities have the responsibility to assess people's needs and care management. This includes the allocation of funds for places in nursing and residential homes as well as other services such as domiciliary care

• Value for money – removing the financial incentive for people to be placed in care homes

Following on from the Community Care Act, disabled people campaigned strongly to be paid directly to buy in their services. Local Authorities have a duty to offer all users a direct payment to buy their own services.

## Local Context

Social Services in Kensington and Chelsea have a Community Care system with Commissioning Managers for different groups: Older People's, Learning Difficulties, Mental Health, Sensory Impairment and Physical Disabilities. Individuals can refer themselves to a social worker or be referred via an agency. Everyone has a right to an assessment of need and an individual care plan based upon this assessment.

The borough has hospital social work teams, generic care managers and specialist teams. Experience shows that the specialist teams are much more effective in assessing the needs of individuals than the generic social workers.

Community Care Services are about a "joined up" approach between health and social services. Health services provide equipment, nursing and a range of other services to support people to live independently. The Council is working with the Kensington and Chelsea Primary Care

Trust (PCT) to move towards single assessments, so that individuals will not have to repeatedly explain their needs to different services.

### Occupational Therapy Service & Equipment

The borough has a team of Occupational Therapists (OT's) located across the borough providing assessments and support to disabled people.

There are equipment standards set out in the local charter for long term care 'Better Care, Higher Standards' (Ref 2). Since 2003, Kensington and Chelsea PCT and the Council have operated an integrated equipment store. This can be accessed by both Health and Social Services. Previously Health had an in-house store. The integrated service is provided by an external company, Medequip, based in Park Royal. Evidence so far, suggests that this has improved the equipment service and 90% of equipment is delivered within the target time frame.

## 3.2 Housing

The borough's housing market, while sharing many of the characteristics of other inner city areas, poses particular challenges.

Kensington and Chelsea has the highest property prices and private sector rents in the country, the highest residential density in London, the highest proportion of people renting privately in the United Kingdom and a lower than average proportion of owner occupiers.

Recent trends and developments in the local housing market, and throughout London, heighten the challenges faced by the borough and exacerbate social exclusion and the creation of polarized communities.

Because of the nature of the housing stock in the borough (i.e. older, flatted blocks) there is a serious lack of fully accessible housing, resulting in some disabled people being, to all intents and purposes, trapped in their own inaccessible homes. A lack of

accessible housing is a particular issue for wheelchairs users. This will escalate with an increasingly aged population.

ADKC's Membership Survey found a startling 16% of respondents unable to move around independently in their own homes. As none of the responses indicated that this was due to the nature of their impairment alone, it seems reasonable to infer that this domestic inaccessibility arises from the structural unsuitability of accommodation and/or the lack of suitable mobility aids.

Fully accessible homes have three characteristics: location in a safe environment, possibly requiring higher standards of security than those needed by less vulnerable non-disabled people; accessible entrances and exits, and convenient and adequate internal space for manoeuvring.

Kensington and Chelsea has a lack of rental accommodation fulfilling these criteria. The borough has relatively few development opportunities, but where developments do take place, the borough's planning policy requires that 10% of new homes be developed to full wheelchair access standards and furthermore, as a result of Part M of the Building Regulations (ref 13/14), all new housing is being built to mobility standards. However, according to the Council's draft 'Housing Review for Physically Disabled people', "there is a lack of supported housing projects or newly commissioned properties specifically for people with a disability despite physically disabled people being the predominant care group needing additional support".

Consultation about new housing design is an area where better coordination between local developers and the local authority is needed. A recent new build described as fully accessible was in fact constructed with doorways and corridors too narrow for wheelchair manoeuvrability. Neither users nor indeed prescribed access standards could have been properly consulted.

The Council is currently working on a "Housing Review for Physically Disabled People". This review identifies major strategic developments which impact on the current and future provision of housing for physically disabled people. It also seeks to identify those areas where changes can be introduced to encourage a better approach to meeting the housing needs of disabled people. It covers not only physical access to accommodation, but also considers support for tenancy management.

## Assessing Housing Need

Under Section 168 of the Housing Act 1996, every local housing authority must publish its Housing Allocation Scheme. The Royal Borough of Kensington and Chelsea (RBKC) Council is trying to make this policy publicly available and easy to understand.

Every applicant for social housing should be given the best possible understanding of how their application is assessed and the basis upon which they may, or may not be accepted for housing, including an explanation of size and type of accommodation they can be considered for. Each applicant should be confident that housing is allocated fairly, on the basis of clear criteria measuring housing needs, and that this criteria is used in the same way for all applicants.

The Council assesses the need of each registered applicant for housing. This assessment allocates points that determine both priority and size of accommodation required. The problem with the current system of points allocation is that it is based on the Medical Model of Disability rather than the Social Model. Therefore quality of life issues are not given sufficient consideration.

### Medical Priority

The Council may consider re-housing an applicant on medical grounds where they or a member of the household is disabled or

where their medical condition or that of a member of their household is adversely affected by their housing circumstances. This is an assessment of the adverse affect of a person's housing situation and not of the severity of their condition.

Medical assessments are carried out by the borough's Housing Needs Assessment Nurse and Occupational Therapist. The applicant completes a medical assessment form in support of their application and additional written supporting evidence may be requested from the applicant's GP, Occupational Therapist, hospital consultant or specialist.

Applicants may be awarded between 0 and 80 points.

Factors for awarding points include:

• Inability to secure settled accommodation: if the applicant cannot be reasonably expected to find settled accommodation for themselves in the foreseeable future. The medical assessment may require additional reports about matters such as mental health, learning disability, physical health and physical disability with specific reference to ability to secure accommodation.

• Carers: If the medical assessment decides that the applicant needs a full time carer, and a carer is not already living with them.

• High medical priority: An applicant will be given 5 points for each month waiting after being awarded a high medical priority, beyond an initial three months.

For people already living in a council or TMO property requesting a housing transfer, the Tenant Management Organisation (TMO) assesses the needs of each applicant on behalf of the council.

The process for applying for a medical assessment is the same for both Council tenants wishing to transfer, and for applicants on the statutory register (see above). However transfer applicants may be awarded between 0 and 50 points.

## Accommodation needs

Some medical factors can determine an applicant's requirement for a specific size, floor level or location of a property, e.g. use of a wheelchair, space required for essential medical or disability equipment, exceptional requirement for close proximity to a hospital or GP.

An extra bedroom may be required for a carer if the applicant requires 24 hour or intensive overnight care.

There are many different types of accommodation offered. In addition to standard residential accommodation, the Council has access to a range of specialist properties:

• Wheelchair Standard or Adapted Housing: properties built or adapted to full wheelchair standard to enable occupation by a tenant who is a wheelchair user

• Mobility Standard Housing: Properties built or adapted to enable occupation by a tenant who has serious restricted mobility e.g. permanent need for a walking frame, occasional wheelchair use, need for grab rails/hoists etc.

• Designated Elderly Persons Dwellings: usually ground floor accommodation or serviced flats designated suitable for the very frail elderly or people with restricted mobility

• Sheltered Housing: Accommodation: originally designed for the elderly who were able to support an independent tenancy. Usually comprises between 25–40 self-contained one person bedsits or one/two bedroom flats with a range of communal facilities such as a common room/day room. A Community Officer/Warden is provided and all sheltered housing is connected to the Community Alarm Service that can provide 24 hour emergency cover

• Supported Housing: The Council, through the TMO and Registered Social Landlords (RSL's), has access to a range of accommodation that is designed or adapted to meet specific requirements of people

needing support, for example people with HIV and people with mental health problems:

## Supporting People

This is the new system for the planning and delivery of supported housing that will replace funding through Housing Benefit or the Housing Corporation. Under Supporting People, funding will be channelled through local authorities, together with key partners in Health and Probation. This will allow greater control over funds for supported housing, and will lead to the provision of services that are more responsive to local need, with improved monitoring of standards. The programme places particular emphasis on involving service users in the planning and review of services. It will also meet the needs of all sections of the community including: older people, vulnerable young people, people with drug and alcohol problems, people with mental health problems, teenage parents, physically disabled people, people with learning disabilities and ex-offenders. Kensington and Chelsea was a preparation pilot for the Office of the Deputy Prime Minister's (ODPM) Supporting People programme, leading to the development of the national policy framework.

In the past two years ADKC's Volunteers Project has identified difficulties experienced by people with multiple impairments and undiagnosed mental health issues in managing their own homes, for example, dealing with paperwork or clearing out old furniture. No one is picking up this support and people are being pushed from one service to another; a solution to this problem could be explored in the new Supporting People programme.

## Housing Organisations Mobility and Exchange Service (HOMES)

HOMES provides various schemes aimed at assisting housing mobility between different boroughs. Most local authorities and RSLs throughout the UK participate in the scheme.

## Specific Needs

### People with learning disabilities

RBKC Council, Westminster City Council and KCW Health Authority have developed a Joint Investment Plan for People with Learning Disabilities, in which housing was identified as a key issue. As a result of this, a housing and support strategy was developed to ensure that the needs of people with learning disabilities are incorporated into overall housing and community care policies.

The strategy aims to:

• Increase the range of housing and support services available locally in order to improve choice for people with learning disabilities

• Reduce the numbers of people placed outside of London

• Build partnership and involvement between users, carers and all agencies that commission and provide housing and support services

• Develop housing and support services that reduce social exclusion of people with learning disabilities in their local communities

• Develop housing and support services that promote independence and maximise opportunities for people with learning disabilities to live ordinary lives in the community

### People with physical disabilities and sensory impairments

The Council's draft document, "Housing Review for Physically Disabled People" covers the health and social care needs for people with physical disabilities and sensory

33

impairments; it aims to promote independence and ensure that opportunities for care and support are provided as close to home as possible.

One of the priorities of the review is to develop options for providing accommodation for those who wish to live independently and for those with complex needs. Options for the development of this accommodation will be addressed by the Supporting People strategy.

In terms of allocating existing social housing, a dedicated Occupational Therapist (OT) ensures best use of vacancies in the social rented sector by approving adaptations and matching properties to suitable applicants. The OT provides RSL's with information about the need for mobility or wheelchair accessible housing, which is then taken into account when development opportunities arise.

Conversely, the TMO and RSLs have been asked to notify the Housing Needs Section when a property that may be suitable for people with mobility difficulties or that is wheelchair accessible becomes vacant. The majority of suitable voids are flagged up by the TMO. A member of the OT team can then visit the property to complete a suitability assessment. The details of the property are then recorded by the Resettlement Team. Properties up to the second floor with lifts and level access are also sometimes flagged up when they become void.

There is no official register of wheelchair accessible or adapted properties in the borough at the moment. However, a feasibility study into the development of a database of adapted properties in the borough's social housing stock is currently being carried out. A database could track properties that have been adapted to ensure that they are re-let appropriately.

In addition, steps have been taken recently to target social housing voids that could be suitably adapted in the future. There may be the potential to use these records more effectively in the future.

Where a property needing refurbishment is allocated to a disabled person, that person should be involved to ensure that it is suitably adapted before the works go ahead. ADKC knows of one wheelchair user who had to apply to her OT for a Disabled Facilities Grant (see below) to replace a brand new kitchen in a refurbished RSL flat to make it accessible. This was despite visiting the property and pointing out the shortcomings during the refurbishment works.

## Lifetime Homes

The concept of Lifetimes Homes arose from work undertaken by the Joseph Rowntree Foundation. A newly built Lifetime Home would be designed to accommodate all manner of life changes likely to affect people, e.g. the arrival of children, a teenager with a broken leg, special equipment required due to disability or ageing. This does not mean that every family is surrounded by things that they do not need. The accent is on accessibility and design features that make the home flexible. There are 16 Lifetime Home Standards which apply to both the interior and exterior of the home. Each of the design features is valuable in itself, but a Lifetime Home is incomplete without all of the standards. For example, a wheelchair turning circle was chosen as the benchmark for a good space requirement. This is true for parents with small children, people with bikes or bags of shopping.

By thinking and planning more proactively with life changes in mind, the idea of lifetime homes encourages the building of homes which can cater to changing need at little or no extra cost. This could save on the cost of major adaptations in the long term, especially with an aging population.

## Grants

The Council continues to work in partnership with the private sector to deliver Disabled Facilities Grants (DFGs). These enable disabled people to carry out adaptations to their homes so that they can continue to live independently. Such grants are given by the council under Part I of the Housing Grants, Construction and Regeneration Act 1996.

The grants are mandatory for essential works and are means tested.

The Council's OT team works with the Grants Team, Grant Agency and the disabled person to ensure that the adaptation works meet the needs of that person and are technically feasible. Mandatory DFG applications can be made by owner-occupiers and private sector tenants and landlords, including Registered Social Landlords (RSLs).

The grant limit is £25,000 and represents the maximum amount of grant that a council is required to pay, less any assessed contribution from the applicant following the statutory means test. Where the cost of the eligible works are more than the grant limit the council may use it's discretionary powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 to bridge part or all of the gap between what they are required to pay and the full cost of the works.

Personal experience of ADKC members suggest that the current system of applying for Disabled Facilities Grants is very complicated, very bureaucratic and extremely slow.

The ODPM has commissioned a review of the DFG and recommendations include suggestions for making the application process more user friendly and faster as well as looking at possible local authority cost savings, better joint working across departments and use of alternative grant funding. There has been a recent welcome announcement to end means-testing of DFGs

for families with disabled children, which will have a positive impact on tackling child poverty. This is very welcome and it is hoped that the review of means-testing of families will be extended to all disabled people. Further reform of the system is eagerly awaited.

There are a number of discretionary grants that can be applied for in addition to the mandatory Disabled Facilities Grant, these include: Home Improvement Grants of up to £15,000, 'Safe as Houses' Grant of up to £2,000 for home security and/or home safety works; Keep Warm Grants of up to £6,000 to improve thermal comfort and include heating and draught proofing works; and Major Works Grants of up to £20,000 for leaseholders obliged to contribute towards major works to common parts.

The DDA 2005 also contains a requirement for landlords to agree to adaptations within tenants' properties, unless this can be justified under particular conditions as set out in the code of practice.

## Mental Health

The Mental Health Accommodation Project, jointly funded by Health and Social Services, has identified a number of key issues: a shortage of support services for people with challenging and complex needs; a shortage of floating support; lack of 'move on' accommodation for a significant number of schemes; the need to provide suitable temporary accommodation and support for homeless people with severe mental health problems.

As a result of this:

• Additional units of supported accommodation have been provided, the majority of which are for people with medium to high support needs. This has largely been achieved through the re-development of existing hostel accommodation

• Outreach and "floating support" services

have been expanded for people with mental health needs living in independent housing

• There have been improvements in the assessment of the mental health needs of homeless people and increased access to specialist temporary accommodation

• A specialist post has been established to find suitable accommodation for hospital in-patients whose discharge could otherwise be delayed

• The introduction of quality standards, performance targets and improved monitoring arrangements

This project, along with the Commissioning Manager post, has been incorporated into the Supporting People Commissioning Team.

### Older People

RBKC Housing and Social Services work closely to commission housing services for older people. Work to develop housing options for older people is being taken forward by the best value review of older people's care services and the Supporting People strategy.

Consultation has highlighted the need for improved information around housing options for older people and the importance of providing the right support to help people remain in their own home. As a result, a new information leaflet has been developed, explaining what sheltered housing is available and who it is suitable for. Home Repairs Assistance grants are made available for small-scale works, such as home security measures and adaptations, for people aged over 60 on low incomes in the private sector.

### Housing Advice Service Kensington and Chelsea (HASKC)

HASKC offers free independent housing advice. If people are unable to attend the drop-in advice sessions due to age or disability then HASKC can arrange an adviser to visit them at home. If English is not a person's first language then HASKC will try to arrange an interpreter.

There are other small services to support older people and disabled people in their own home, for example Octavia Hill small repairs service, Staying Put services.

## 3.3 Health

Whilst it shouldn't be assumed that the majority of disabled people 'suffer ill health', disabled people in general do make more use of health services. The residents of Kensington and Chelsea generally enjoy good health. However, there is strong evidence to suggest that disabled people within the borough experience significant barriers when trying to access the things that determine a healthy lifestyle, known as the "wider determinants of health". When planning how to make healthy living facilities and health services more inclusive and effective, it is important to look at these wider determinants. People's socio-economic situation, the environment in which they live, and their lifestyle choices have a great impact on their health. For example:

• A disproportionate number of disabled people are living on benefits, close to, or in poverty

• There are numerous barriers to disabled people accessing education and employment

• Many disabled people live in inappropriate housing and without appropriate support

• Information regarding healthy lifestyles is not always produced in accessible formats and education in these areas (e.g. diet, exercise and sexual health) is not seen as a priority for disabled people

• There is a lack of accessible sports and exercise facilities and many disabled people do not have genuine control over nutrition and other lifestyle choices

• Many disabled people experience social isolation

• Screening facilities (e.g. for breast cancer, cervical screening) are often inaccessible

• There may be barriers for disabled people to undertake regular routine health, dental or optician checks

All these are compounded by difficulties in accessing primary care services when required. Difficulties getting fast and effective access to GPs surgeries, dentists, etc. can exacerbate otherwise minor incidences of ill health.

There is worrying evidence that some groups of disabled people die younger than non-disabled people, partly because of unequal access to health screening, assessment and treatment. In 1998 Hollins reported that people with learning disabilities were 58 times more likely to die before the age of 50 (Ref 3). People with long-term mental health problems die on average 9–10 years younger than other citizens.

Encouraging health care services to move away from the Medical Model of Disability and towards the Social Model constitutes a far greater challenge than in other areas of service provision. Inevitably health services are enshrined in the individual medical approach, with an emphasis on the need to cure and an upholding of the conventional ideal of physical health and perfection.

## Primary Care Services

The Kensington and Chelsea Primary Care Trust (PCT) was formed in April 2002 and is the NHS body responsible for making improvements to the local health services. The PCT covers the same area as the Royal Borough of Kensington and Chelsea (RBKC) Council.

The aim of the PCT is to identify and meet the needs of the community, to provide high quality services and work with local partners to improve health and health services.

In the ADKC Membership survey, 25% of respondents stated that they would like improved access to dentists and opticians, and approximately 21% agreed that access to clinics, GPs and hospitals needs to be developed.

## Information Provision

The PCT produces an annual prospectus and guide that is distributed to all households. It details available services, including procedures for making complaints. This guide is available in alternative formats on request.

The RBKC Council website has pages showing health facilities and information for residents with links to other appropriate sites. Disabled and non-disabled people have commented that this website is difficult to navigate and requires extensive searches for the right information. If an individual wishes to register with a GP surgery, they are directed to the NHS or PCT websites. The website gives details of clinics and hospitals and some have additional access information including physical obstacles, parking facilities, induction loops and the availability of staff that use BSL. Links to this information are unclear and are not supported by symbols or pictures. This information is useful but is by no means comprehensive.

All leaflets distributed to GP surgeries, libraries, clinics etc. are in Standard English, but there is a lack of Simple English information available about different services at the point of contact. It is noted that members of the public often pick up 'easy read' health education information, intended for people with learning disabilities, in preference to the regular version, because it is short and straightforward. In this way Simple English can also assist in improving access to information for people whose first language is not English, including those who use BSL.

## GP Surgeries

There are 44 GP surgeries within Kensington and Chelsea. Worryingly, evidence shows that disabled people face real barriers in getting fast and effective treatment from them. For example, surveys have shown that a large proportion of people with HIV have not registered with a GP and instead use hospital-based clinics as their only source of medical help.

There is a very clear lack of access for deaf people, especially those who use BSL. The lack of alternative means of making appointments (textphone, email etc) and the lack of interpreters creates real barriers to receiving fast and effective treatment. Many surgeries do not have induction loop systems. Many deaf people, who use BSL and therefore need interpreter assistance, have had to wait for 5 or more days for an 'emergency' appointment with a doctor.

Nationally, people with learning disabilities often find it difficult to register and attend GP surgeries, as there is a tendency to channel all health issues through specialist Learning Disabilities Services. This issue has been positively addressed in Kensington and Chelsea, although many Learning Disability specialists are still dealing with general health issues that under normal circumstances would be dealt with by mainstream primary care.

Figures from Kensington and Chelsea PCT state that only 20 out of the 44 surgeries are 'wheelchair accessible'. Without carrying out full audits of the surgeries, it is not possible to state whether this figure takes into account surgeries where, although there may be level access, heavy doors or limited access within the surgery may for all intents and purposes render them inaccessible. Additionally in most surgeries examination beds and other equipment, such as weighing scales, are often inappropriate for wheelchair users. The majority of the other surgeries are situated in older buildings, which may have steps to the entrance, narrow doorways and limited space.

The PCT has started work with access consultants and ADKC to improve physical access to GP surgeries.

## Dental Practices

Kensington and Chelsea currently accommodates 35 Dental Practices and the physical access of their premises varies. Some have level access and have been designed to be inclusive of disabled people, but several surgeries are housed in first floor premises.

## Opticians

Again physical access varies. Some opticians have a level access entrance, but use rooms for eye tests that are only accessed via a flight of stairs.

There is a lack of both dental surgeries and opticians registering and treating NHS patients. Those services open to patients eligible for free treatment, AND that are accessible, tend to be hugely over subscribed.

## Hospitals

There are 5 hospitals based in Kensington and Chelsea that provide a range of primary, secondary and tertiary care to patients. They are: Chelsea and Westminster Hospital, The Royal Brompton and National Heart Hospital, St Charles Hospital, The Royal Marsden and the independent Cromwell Hospital. Residents of Kensington and Chelsea are also referred by GPs to clinics and departments in hospitals in neighbouring boroughs, most notably St Mary's and Hammersmith hospitals.

Although the hospitals listed may have access for wheelchair users in the main areas and principle clinics, there are often older areas within the hospitals that are difficult to access. Signage to departments can also be unclear.

## Community Pharmacies

There are 39 chemists and pharmacies within the borough. Physical access varies, although many have made efforts to modernise premises and have taken into account access requirements for people with mobility difficulties. However, where there is level access into the pharmacies, aisles are often busy and contain badly placed movable displays. However, many pharmacies will deliver prescriptions to local disabled people.

## Attitudes and awareness

Development of good practice in serving disabled people has been patchy.

For instance, despite 1999 NHS executive targets for all front line NHS staff to receive Disability Awareness Training, a 2003 survey of PCTs found that 90% of PCTs had no compulsory Disability Awareness Training; 50% had had no training at all or did not know whether they had any; and only 50% had consulted disabled people about the services they provide. (From Champion 2003 "Fair Treatment". – Ref 4)

All new staff within the PCT attend 'Breaking Down the Barriers' training as a part of their Induction training, with a one hour slot on the DDA. Presently this is only offered to PCT staff but it is intended to offer it to GP practices in the future. However, the experience of disabled people within Kensington and Chelsea shows that the attitudes and awareness of front-line staff within health services can be discriminatory and can create barriers to an inclusive environment. From a survey of ADKC members, the positive attitude of staff was seen to be nearly as important as physical access and information, in aiding people's independence.

Some of the main attitudinal issues highlighted included:

• Assumptions are often made that the individual's illness is connected to their impairment

• Staff will not speak directly to the 'patient', but will, instead, direct comments and questions to the person accompanying them

• Disabled people are not seen as priority when it comes to prevention e.g. sexual health, cervical smear tests and breast screening, and therefore full information to enable choice is not given

• Family members are often pressurised to act as BSL interpreters or to help communicate, where independent professional interpreters should be used to safeguard the individuals privacy and independence

• There is often insufficient time for appointments where there may be additional requirements for communication or understanding

• Staff often lack knowledge of how to use the equipment (e.g. induction loops and textphones), available to help make the service more inclusive

• Concerns expressed by people with HIV range from doubts about the doctor's expertise and knowledge of HIV infection, to protection of privacy and confidentiality, both within the surgery or outside (for example with respect to employers and insurance companies). As only GPs can provide home-based medical treatment, this can prevent people with HIV from being able to access general health support.

The NHS has recently produced guides for reception staff.

## Supporting Independence and self-management of health problems

Appropriate primary care services, home care packages, assessments and assistance, and Direct Payments can all help to support independent living. The individual is then able to participate in the social and economic life of community and with support, is able to self-manage health

problems.

Whilst the overall rate of permanent admissions to residential and nursing care has decreased, evidence nationally shows that for some groups of disabled people the numbers of permanent admissions are still increasing.

## Healthy Lifestyles

Although disabled people may use some health services more than non disabled people, there is evidence that there is a lower take-up of 'discretionary' services, such as breast screening ('Improving Services, Improving Lives' Social Exclusion Unit – Ref 22)

There should be a holistic approach to health in all assessments of need. As well as relevant treatment for the individual's impairment, there should also be information about prevention and healthier lifestyles and access to appropriate screening.

## Physical Activity

Physical exercise is important in maintaining good physical and mental health. The benefits of physical activity have been recognised as important for people with mental health issues.

Disabled people are often denied access to the full range of exercise opportunities. See section 7 on Leisure and Recreation for more information. However, GPs are able to refer individuals for free use of sports facilities.

## Diet and Nutrition

Where disabled people in their own homes rely on local authorities to provide meals, they tend to be frozen. Fresh food such as vegetables and fruit, are rarely provided.

Some disabled people need assistance to shop and cook, and many have their shopping done for them; this can reduce their choice and control over their diet.

Appropriate assessments of need in

conjunction with social services, can help to support healthy eating.

## Additional Barriers

People with Learning Difficulties

It may be difficult for people with learning difficulties to maintain and improve their health because of the effect of discrimination, disadvantage and dependence on others for purchase and preparation of meals. There may be inadequate attention paid to health issues, poor access to health care and inadequate response from health care providers.

People with mild learning difficulties who are not known to specialist services may be particularly vulnerable to some health risks, for example substance or alcohol misuse.

The White Paper 'Valuing People: A New Strategy for Learning Disability for the 21st Century' (Ref 19) sets out the Government's proposals for improving the life chances of people with learning disabilities. It shows how the NHS Plan for a person-centred health service will improve health care for people with learning disabilities. 'Valuing People' emphasises that health care should be delivered with an emphasis on the whole person.

Improvements in health care for people with learning difficulties must come from two directions – improvements in mainstream services and direct support to individuals.

Health Action Plans can play a part in this. A Health Action Plan 'details the actions needed to maintain and improve the health of an individual and any help needed to accomplish these'. The Department of Health has given specific targets for the introduction of Health Action Plans; 'All people with a learning disability to have a Health Action Plan by June 2005'.

Feedback through consultation reveals that where Health Action Plans are implemented they are fairly prescriptive and do not allow individuals to exercise genuine choice where

the professional involved may judge the choice to contain an element of risk.

## Deaf People

In 2002, Knight et al found that 60% of deaf people reported that primary care was inaccessible to them. (Knight J, Heaven C and Christie I, "Inclusive Citizenship: The Leonard Cheshire Social Exclusion Report" – Ref 1)

Communication is the greatest barrier to inclusion for deaf people and people who are hard of hearing. There are very few contracts for BSL interpreters and therefore it can be very difficult to book an interpreter at short-notice. Written health information can exclude deaf people whose first language is BSL. The technology that can support communication for deaf people, such as video interpreting, textphones, loop systems and other forms of amplification is not being used to its full potential. There is also a lack of deaf employees and staff with knowledge of deaf awareness within the Health service.

Health service practitioners often make assumptions that they are communicating easily and efficiently with deaf or hearing impaired patients. The reality is that many patients are straining to understand and be understood. Mainstream health services need more understanding of the needs of deaf and hearing impaired patients particularly those with mental health problems.

There is growing evidence of Deaf and Deafblind people experiencing Mental Health issues. Their experience of deafness in a hearing environment can be a contributory factor in the incidence of mental health issues and efforts need to be focused on prevention.

Addressing deafness at an early age is important to ensure that the individual has sufficient support to maximise their educational and developmental opportunities. Where deaf children are born into hearing families, there is often an overwhelming amount of medical information. It is, of course, important that the health professionals work together, but it is equally important that deaf adult role models are available to support and help to develop a positive deaf identity, within the Social Model of Disability. The same support should be available to all families with disabled children.

## Specialist Services

### Wheelchair Services

The Wheelchair Service is contracted to Brent PCT and is based at Willesden Hospital until March 2006. The Service includes: assessment of clinical need; prescription and supply of wheelchairs including modifications and additional cushions or supports; maintenance, repair or replacement.

In 1996, the Government introduced legislation to enable the Wheelchair Service to set up Voucher Schemes. This enables clients to contribute to the cost of a different wheelchair other than that for which they have been assessed.

The Wheelchair Service has an additional Short Term Loan Scheme.

The Regional Centre at Stanmore Disablement Service Centre for North Thames (West) area provides services for Special Seating and Electric Powered Indoor Outdoor Chairs. Referral to these services is accessed via the Wheelchair Service.

# SECTION 3:
# RECOMMENDATIONS

## Social Care
### Early Intervention

• *Families with disabled children should be supported to understand the Social Model of Disability*

• *Families with disabled children should be referred to user-led organisations at an early stage for support.*

• *Establishment of a peer mentoring project for disabled children and young people.*

### Assessments

• *Assessments should appropriately meet disabled people's additional day-to-day requirements to help them overcome barriers, rather than health and social care structures which use resources in ways which maintain and create dependency.*

• *All involved agencies should work towards single assessments.*

*Partnership working and individualised budgets*

• *Flexible, joined up assessments which address disabled people's complex needs.*

• *Pooling resources across health, social services and other agencies to provide individualised budgets. This would enable the delivery of support, equipment and/or adaptations in a way that properly supported independent living.*

### User-led Organisations

• *Local Authorities should support local user–led organisations of disabled people and recognise them as an essential resource in supporting disabled people towards independent living*

### Specialist services

• *While inclusion is being developed, there needs to be continued funding of essential services within the community (e.g. shopping services through KCCT and Sixty Plus, Plus Bus and Meals on Wheels).*

• *Commissioning of services should have the Social Model of Disability as a base-line philosophy*

## Housing
### Audit of Housing stock

• *A full register of accessible properties and potentially accessible void properties within the borough should be devised.*

### Policy

• *All housing policies should include specific reference to targets for inclusion.*

### Consultation/Involvement

• *Disabled people, through work with local organisations of disabled people should be involved in all housing initiatives such as neighbourhood renewal, housing market renewal, low cost home ownership and the key worker housing schemes.*

### Housing/Transfers

• *A comprehensive review of the priority / points system for housing using the Social Model of Disability, to ensure that it is effective in meeting the increasing needs of disabled people.*

### Disabled Facilities Grants

• *The system for Disabled Facilities Grants should be reviewed, so that there is realistic budget allocation and transparent consideration of the possible consequent costs for other services resultant from failure to provide, or delays in providing equipment.*

### Adaptations

• *Timely and genuine consultation with disabled residents must take place when properties are to be/ being adapted, to ensure that supposedly 'accessible' housing is usable*

• *Adapted properties should be ring-fenced for disabled people*

### Lifetime Homes

• *There should be a commitment to exceeding minimum requirements in creating Lifetime Homes, i.e. homes that can be changed with people's' changing needs.*

## Health

### Management and Training

• *Staff motivation to improve services for disabled people needs to be led from the top by a management team that is determined to offer a high quality of service to all patients.*

• *Commitment needs to be backed up with policy, practices and procedures that reward evidence of good service quality.*

• *Appropriate, user-led Disability Equality Training and, where appropriate, Disability Awareness Training, should be delivered to all staff including frontline staff, clinicians and managers. Priority groups for initial training are usually those who have first contact with patients and customers such as receptionists, switchboard operators, practice nurses and therapists, doctors & GP's*

### The built environment

• *The PCT should complete a comprehensive audit of current direct health care provision*

• *There should be realistic future budget allocation for access improvements*

### Communication

• *Improved use of technology is recommended by RNID. Given the shortages affecting the supply of interpreters for deaf people, the alternative of remote video based interpreting needs to be more widely promoted and taken up.*

• *The PCT should establish Deaf-friendly GP surgeries, which could be widely promoted in the PCT areas and enable good service access through GP staff with a specialist interest in deafness. This would not raise the service standards everywhere but contribute to targeted improvements.*

### Flexible Service Delivery

• *The PCT should ensure provision of reliable home visiting by community-based services (GPs, chiropodists etc), in particular where service premises have limited or no access.*
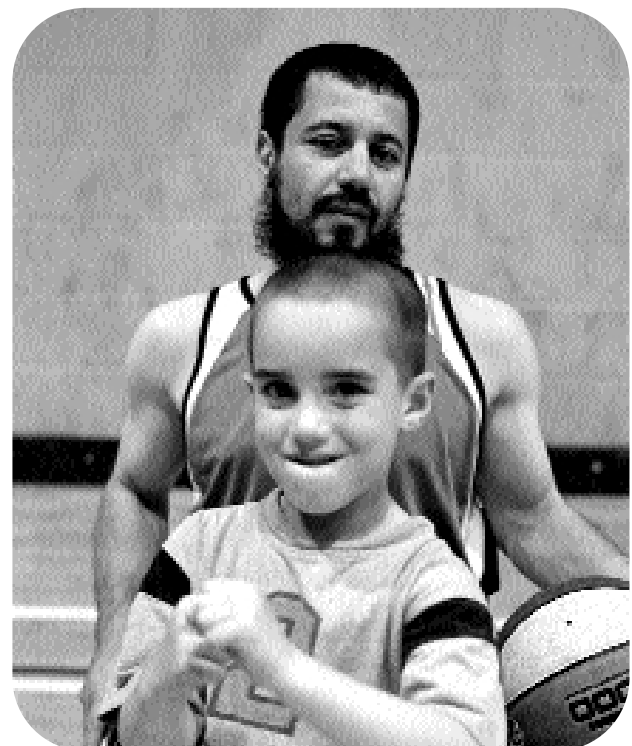
# SECTION 4:
# Education & Training

## 4.1 Introduction

Disabled people are less likely than non-disabled people to have access to education. An analysis of the labour force survey 2001/2002 found that only 34% of disabled 16–24 year olds in London participate in some form of education, compared with 50% of young non-disabled Londoners. Only 18% of disabled people have higher-level qualifications compared with 34% of non-disabled people. 39% of disabled people have no educational qualifications compared with 19% of non-disabled people.

Contact a Family is a UK charity providing support and advice to parents caring for a disabled child. Their web-based survey in January 2003 found that 34% of parents believed that their disabled child had definitely or probably been discriminated against in the education system. Inaccessible educational buildings contribute to this discrimination. Disabled parents, teachers and support staff also face barriers in accessing the education system.

Following the enactment of the Special Educational Needs and Disability Act 2001 new rights and duties have been introduced. From September 2002 schools and Local Education Authorities (LEAs) had a duty to plan strategically over time to increase access to schools for disabled pupils.

The Special Educational Needs and Disability Act 2001 makes it unlawful for schools, colleges and other education providers to discriminate against disabled people. None of these bodies may treat disabled pupils or students less favourably or put them at a 'substantial disadvantage'. Reasonable adjustments (changes) have to be made to get over difficulties disabled pupils might currently face.

The main provisions came into force on 1st September 2002, through an amendment to Part IV of the Disability Discrimination Act. Schools must take reasonable steps to amend any policies, procedures or practices that might discriminate. The law covers all areas of school life: admission, teaching, the exclusion of students and the provision of extra curricular services, such as school trips and after school clubs. Colleges and Universities must go further. From September 2003, they have been required to provide 'auxiliary aids and services' under the new law. This might include information in accessible formats, personal support and sign language interpretation. They should

also make reasonable adjustments to physical features from September 2005.

By April 2003 all schools (including maintained, non-maintained and independent schools), should have prepared an accessibility plan. The plan should include short, medium and long term strategies to improve the physical environment of the school, in order to increase the accessibility of the premises for current and future pupils who may be disabled. The plan should be open to the public on request, the last three years initially, and should be reviewed and revised as necessary.

Since 1996, the Schools Access Initiative has provided funding to make existing mainstream schools more accessible to disabled children and to children with special educational needs.

All new school buildings have to comply with the Building Regulations 2000 and the Education (School Premises) Regulations 1999. Designers should, however, endeavour to exceed these minimum standards and aim to achieve higher standards of safe, easy and inclusive access.

## 4.2 Local Context

National policy has a presumption in favour of mainstream education wherever parents want this. RBKC abides by the policies and the Code of Practice on Special Needs 2001. They do not follow a 'blanket' approach to inclusion but consider each child's needs carefully and, on the basis of all the evidence and professional judgements, placements are made accordingly. They use both mainstream and special schools depending upon whether they can meet the needs of the child. These needs change over time, so it is not unusual for a child to move from one type of school to another.

### Schools

RBKC does not have a fully inclusive policy as far as education is concerned. Partly because the Council considers many buildings are not adaptable. There are only four nursery schools in the borough. Three of these, Maxilla, Ainsworth and St. Anne's, are fully accessible. The fourth, Chelsea Open Air, is not. Of the 29 primary schools in the borough, six are totally accessible, or in the process of being made so. These are: Ashburnham (Chelsea), St Cuthbert & Matthias (Earl's Court), Marlborough (South Kensington), Thomas Jones (North Kensington), St Thomas (North Kensington) and St Francis (North Kensington).

There are currently no fully accessible secondary schools within Kensington and Chelsea, so a number of disabled children are educated outside of the borough.

Given the lack of physical accessibility in so many of the borough's schools, it is not surprising that the majority of disabled children educated within Kensington and Chelsea are children with learning difficulties. Statistics obtained from the borough indicate that there are 409 children with learning difficulties educated within Kensington and Chelsea, as opposed to just 9 physically disabled children, 6 with hearing impairments and 4 with visual impairments. The majority of those who travel outside the borough for their education have physical impairments.

RBKC Council has an accessibility strategy for its schools which is gradually extending the number of schools adapted for parents and children who are wheelchair users. They are also currently working with RNIB to meet the inclusion needs of visually impaired pupils.

There are plans to rebuild Holland Park school and for a new Secondary school to be built in the south of the borough. There is a requirement to make the new buildings fully accessible.

Within the borough there is a hearing impairment service and a visual impairment service which works with all children with severe needs and there is a speech and language therapy service which is school based. The national literacy and numeracy strategies involve training for teachers in how to adapt teaching materials and pedagogy to meet the learning needs of a wide range of pupils.

Cheyne Centre is a special educational facility in the south of the borough but it is not a school. It is a Health Service facility and is part of the Chelsea & Westminster Hospital. A teacher is provided by the Hospital School but its admissions are made strictly on medical grounds by a consultant neurologist. The Hospital School is technically a special school.

A borough employee commented on the policy with regard to placement of disabled children as follows:

"We would not refer to children as disabled in this context but as having statements of special educational needs. Approximately, half of our 400 children with statements attend schools in other boroughs, but only half of these again will be in special schools as we also place children in other boroughs' mainstream schools with support. Other LEAs place children in our local schools similarly. Children are not 'sent' but are placed with parental agreement, in many cases with transport paid for by the Council. Over 75% of our total secondary school population and 50% of our primary population attend schools in other LEAs so it is quite normal for this to occur and for us to receive children from Hammersmith and Fulham, Westminster and other LEAs"

### Full Of Life

Full of Life is a self-help, independent, voluntary organisation providing support, advocacy and general practical assistance to parents of disabled children in the

borough. It gives support to parents to enable children to get the most out of the education system, whether mainstream or specialised. They also run a toy library. However, their premises are not fully accessible. There is a small step to the front door and no accessible WC. The main office is on the ground floor, although it is their usual practice to see clients on the first floor.

## Further Education

### Kensington & Chelsea College

The borough's main further education provision is on two main sites. The Wornington Road site in the north is fully accessible, except for a small area on the second and third floors, where a small space is only accessible by steps. The Hortensia Road site in the south is almost completely inaccessible; the ramp at the main entrance allows access to a very limited area, including reception, café, accessible toilets and one classroom. A new ramp at the rear allows access to more class-rooms. The smaller satellite colleges have only limited access, with the Marlborough Centre and the Park Walk Sculpture Centre only having level access via the adjoining schools, and the Holland Park Centre only having access to the ground-floor class-rooms. None of the college's staff have received full Disability Equality Training. They have, however, recently appointed a Disability and Learning Support Manager.

**Nottingdale Technology Centre** has a wide range of training opportunities in the ICT field. They have two sites on Freston Road in the North of the borough. One of these is completely inaccessible and the other only has ground floor access.

There are a number of community centres, especially in the north of the borough, where some vocationally related courses can be studied:

**The Harrow Club**, situated on Freston Road has good access, apart from a rather small

lift, and is used as a satellite to the Nottingdale Technology Centre.

**The Tabernacle Centre**, situated on Powys Square, runs a variety of courses, including ICT. It is accessible and the management are committed to giving training opportunities to disabled people.

**The Venture Centre**, situated on Wornington Road, runs various courses, some on behalf of Kensington & Chelsea College. These are not completely accessible, but they have recently obtained a grant to make the learning and training area fully accessible, including the installation of a small lift.

**The Response Training Centre** in Earl's Court is accessible, except for the basement, which includes a study area. The ground floor area houses extensive computer facilities and a wide variety of ICT courses are available. The staff have made efforts to make these facilities accessible to visually impaired people, but as yet have not secured funding to achieve all of their plans.

**The Ashburnham Centre** on Lots Road in Chelsea runs a range of courses. Physical access is not ideal, but they now have a ramped entrance and have applied for funding to install an accessible toilet.

**The Bridge Training** Centre in W10 has good access to the ground floor computer facilities, with an accessible WC. However, there is no lift to reach the Training Room on the first floor.

**ADKC Centre** in W10 is fully accessible and provides a limited amount of IT training and some leisure classes.

# SECTION 4:
# RECOMMENDATIONS

### Education
### Management and Training

• *Staff motivation to improve services for disabled people needs to be led from the* top by a management team that is determined to offer a high quality of services to all students

• *Commitment needs to be backed up with policy, practices and procedures that reward evidence of good service quality*

• *Appropriate, user-led Disability Equality Training and, where appropriate, Disability Awareness Training, should be delivered to all management, teachers and other staff*

### Accessible and inclusive environments

• *The Education Department & Community Education should carry out an access audit of all educational and training facilities within the borough*

• *This review of access to also take into account people's transport, equipment and communication needs*

• *Budget allocations need to prioritise accessibility of mainstream facilities, in order to better meet the policy of inclusion*

• *Ensure that the planning committee takes account of accessibility when approving the design for the new Holland Park School.*

### Communication and Support

• *Consideration should be given to educational and access needs of deaf children/adults and how these can be met within a policy of inclusion within mainstream provision*

• *Each educational establishment should have a named person who is responsible for ensuring that the additional support needs of disabled students are met*

• *Disabled children and young people should have access to a peer mentor project*

### Flexible Service Delivery

• *Education establishments should look at reorganising the location of classes and education provision to accessible areas of buildings in the short term*

# SECTION 5:
# Employment



## 5.1 Introduction

Disabled people are frequently denied the opportunity to work for a number of reasons including: discriminatory attitudes by employers; inaccessible working environments; lack of access to education and training opportunities; lack of suitable information and support and general assumptions that work is not appropriate for disabled people.

An analysis of the Labour Force Survey data for London 2001/2002 (Ref 16) concluded that disabled people are considerably disadvantaged both in terms of their access to the labour market and their experience when operating within it.

The Disability Discrimination Act places duties to employers not to discriminate when recruiting employees and to make reasonable adjustments for a disabled employee. See appendix 4 for more details.

## 5.2 Local Context

We have not been able to obtain figures on unemployment amongst disabled people in the borough. However, only 14% of the ADKC Membership survey respondents stated that they were in paid work. Between

9% and 25% of survey respondents identified problems related to access in work or education/training. These ranged from attitudes/culture (inflexible hours, communication difficulties, workplace attitudes) to physical access including transport problems and the need for personal assistance.

RBKC has devised a Joint Investment Plan (JIP) 'Welfare to Work for Disabled People', with the aim of improving access to jobs in the public sector for disabled people. The JIP steering group has not met recently and the impact of their work is difficult to measure.

All 1,500 organisations contacted for ADKC's Access Survey of Organisations are workplaces – some for just one or two people, others for many hundreds. As was noted earlier, the response level to this survey was poor, while, even among those who regarded the questionnaire as important enough to complete, reported standards of disability access were low.

### Education and Employment Advice

There is no Disability Employment Advisor working in Kensington & Chelsea, although there is an accessible Job Centre on Kensington High Street. It is, however,

possible to research job information using the facilities at this location.

The North Kensington Opportunities Centre on Ladbroke Grove is inaccessible. Capital Careers do not have an office for interviewing clients in the borough. However, their Connexions building in North Kensington is fully accessible and they see clients up to the age of 25.

Kensington Recruitment (part of RBKC Social Services) support disabled people to find work. Their premises are fully accessible and their main focus is with people with learning difficulties.

ADKC's Lifelong Learning Project provides information and support to disabled people in all aspects of work and education.



# Section 5: RECOMMENDATIONS

### Employment

### Partnership working

• *The Welfare to Work Joint Investment Plan needs to be resurrected, updated and actioned*

### Advice and Support

• *The introduction of a Jobcentre Plus in the north of the borough with specialist support worker*

• *Connexions and the Information, Advice and Guidance Partnerships should have the ability to provide specialist advice to disabled people, either by making sure that their mainstream advisors have the right skills, or through specialist advisers for disabled people*

### Modelling good practice

• *Statutory services should work as models of good practice and actively employ disabled people into all roles, including management*

### Creating opportunities

• *Kensington Recruitment to work in partnership with the statutory and public sectors to increase employment opportunities for disabled people*

# SECTION 6:
# Young Disabled People & Transition

## 6.1 Introduction

The main vehicle for considering the needs of young disabled people and their families is the Transition Planning Process, established by the Education Act 1993 and associated Code of Practice. The Code of Practice was revised by the Dept for Education and Skills (DfES) in 2001. The transition process spans the period from 14 to 25 years and involves a range of different services and agencies whose various responsibilities terminate at different ages.

Transition in Education refers to the move from secondary school to further or higher continuing education, employment, and preparation and planning for adulthood. From the time when the pupil is in Year 9 (aged 13 or 14), they are encouraged to plan for transition with their parents or carers. When a young disabled person reaches Year 9, the Annual Review of their Statement of Special Educational Needs should include a Transition Plan. The Headteacher must ensure that a Transition Plan is drawn up and this should be done with the involvement of the Connexion Services. Both services are responsible for ensuring delivery of the Transition Plan. Social Services must also be involved so that

any parallel assessment can be made. A Transition Plan should build on the conclusions reached and targets set at the previous annual reviews of a child's Statement of Special Educational Needs.

Connexions give support and advice to all 13–19, living in England and also provide support up to the age of 25 for young people who have learning difficulties or disabilities. The service is managed locally by Connexions Partnerships that bring together all the key youth support services. The Connexions service is responsible for overseeing the delivery of the Transition Plan and the Connexions Personal Advisor should co-ordinate this. (DfES, Connexions, 2001)

## 6.2 Local Context

Young disabled people will generally have had contact with a variety of different services and professionals throughout their childhood, including social workers, occupational therapists, physiotherapists, teachers, doctors etc. This can make co-ordination of the transition planning process more administratively complicated and very confusing for the individual and their family.

Transition planning is often initially

coordinated by the school. However, a large number of disabled children are educated outside of the borough or, indeed, outside London, and there seems to be little consideration of how the individual will establish networks and find opportunities for development once they have left full-time education.

Connexions is a one-stop-shop for ALL young people. Monthly multi-disciplinary team meetings take place and allow for discussion of individuals and there is clearly marked responsibility for key persons. There are also specific transition posts within social work teams.

However there is a sense that the Connexions Personal Advisors do not feel appropriately skilled or equipped to 'deal' with the needs of disabled young people. The local Connexions have made contact with ADKC and are reviewing their service provision. The Government's Green Paper 'Youth Matters' (Ref 24) makes specific reference to the needs of disabled children in transition and the role of Personal Advisors in delivering specific advice and guidance. Consultation on this document has just finished.

The perception of many young people and families in Kensington and Chelsea currently, is that there is still a lack of a systematic individualised planning process, despite official guidance that this should be routine for young people with statements of Special Educational Needs.

There is an obvious lack of inclusive and accessible mainstream opportunities, including education and employment options. This means that disabled young people are often shoe-horned into education or activities that do not necessarily match their desired future direction. This is illustrated by the fact that a disproportionate number of young disabled people have been guided towards work placements within organisations that provide services for disabled people, such as Kidsactive, as these are the only places set up to work positively with disabled people as employees or volunteers. ADKC knows of one group of very bright young disabled people who have left school but never been supported further than voluntary work placements in local play-schemes, although some are very able and now in their mid-twenties. This indicates a lack of forward planning and co-ordination by support services.

One way of giving young people confidence and a wider support network at this time in their lives, is to set up Mentoring schemes linking successful disabled people with young disabled people in transition. This would provide the young people with positive role models to talk to, as well as building aspirations and encouraging a "can do" attitude.

# SECTION 6:
# RECOMMENDATIONS

### Transition

### Partnership working and Continuity

• *There needs to be improved continuity in delivery from child and adult services. In the longer term, individualised budgets would allow more seamless services. At present, however, children's and adult services should overlap to remove the 'cliff-edge' experienced by many young people*

### Co-ordinated advice service

• *Connexions to appoint a specialist worker who has a thorough understanding of the Social Model of Disability and who is able to coordinate the transition process for disabled young people*

• *Transition Planning procedures from Education, Connexions, Social Services and other relevant agencies need to be made more explicit and be better co-ordinated with one another*

### Training

• *All staff within youth and transition services need appropriate user-led training in Disability Equality issues and the Social Model of Disability*

### Social Networks and Peer support

• *Disabled children and young people, including those who attend day schools out of the borough, should be encouraged to take part in after school activities in mainstream schools and youth clubs within the borough, in order to facilitate building networks/friendships with disabled and non-disabled peers*

• *Young disabled people should have access to a peer mentoring project*

# SECTION 7:
# Leisure & Recreation

## 7.1 Shopping

A recent report on tourism by the London Development Agency found that although 95% of people do not complain if they have a bad experience when visiting a facility, nearly all of them do not repeat the visit. It is also five times more difficult to gain new customers than to retain the customers that a business already has. This means that disabled customers are unlikely to return if access is poor, but are likely to make return visits if access and attitude are good.

The Disability Rights Commission estimates that disabled people have an annual spending power of approximately £80 billion. In spite of this, disabled people remain disproportionately excluded from many shopping activities in London. Although there has been progress in making town centres more accessible, neither Knightsbridge nor Oxford Street, the two international shopping centres in London, are easily accessible to disabled people, and many of the metropolitan centres do not yet provide a fully inclusive environment.

Paragraph 3.28 of draft PPS6 Planning for Town Centres states: "as a principle of good layout and design, developers should be encouraged to orientate new development so that it fronts the street, provides level access and has the entrance closest to the primary shopping area".

### Physical Access to Shops

When asked whether there were any particular venues that required improved access, 31% of disabled respondents in the ADKC Membership survey identified individual shops, and 20% stated that they would like better access to shopping centres. It is impossible to give the percentage of shopping facilities that have a good or acceptable level of access as this would require an audit of all premises and centres. It is however possible to give an overview.

In general, access to shops on Kensington High Street is much improved. The Streetscape pilot development in that area, although in no way meeting all access needs, has gone some way towards making access to high street stores easier. However, the majority of shops in the Kings Road are inaccessible. Some of the larger stores have successfully addressed these issues, but many smaller, independent stores still exclude disabled customers. There seems to be a high turn over of shop ownership, which could allow for opportunities for

redesigning shop fronts. Many of these shop fronts have small steps that could fairly easily be altered to provide sloping/ramped access

A very simple audit of Sloane Street, Knightsbridge, showed that approximately two thirds of the current shop fronts are inaccessible.

North Kensington and the popular Portobello market are almost totally inaccessible. The majority of smaller shops have narrow doorways and steps. Not only are the shops inaccessible, but the pavements are narrow, streets are cluttered and the market furniture and resultant rubbish create huge obstacles. Yet this area houses the largest percentage of disabled people in the borough.

Although many shops have been made more accessible as the needs of disabled people are better understood, there are still examples of new shop fronts retaining the original entrance step. An example of opportunities for inclusion being missed is illustrated by the glamorous Louis Vuitton store, on Sloane Street. The designer store has recently left premises with wide doorways and level access and has relocated to a larger space two doors away. The entire shop has been redesigned and refurbished. The shop floor, however, is lower than street level and is now reached via two very deep steps!

Tommy Hillfiger, which is also situated on Sloane Street, is entered via a steep flight of stone steps. At the bottom of the steps is a buzzer, which has the symbol for access next to it. When pushed, staff will come to greet the wheelchair user, but do not seem to have viable suggestions as to how the barriers to access can be overcome.

Physical access does not, of course, stop at the front door. It is often the case that, once in the shop, the layout is poorly designed, aisles are cluttered, signage is unclear, changing rooms are inaccessible and there is little or no staff awareness of disabled people's needs.

Other barriers can include loud music, poor lighting and counters at inappropriate heights. Smaller shops often do not have the staff to offer additional assistance to disabled people, e.g. to give verbal descriptions of goods to visually impaired customers, or to collect items that are out of reach of a disabled person.

Never-the-less, there are various examples of good practice throughout the borough. Marks & Spencer in Kensington High Street for instance, offer sign language interpreters for hearing impaired customers. Whilst Levis store, although small, took the accessibility of the changing rooms into account at the design stage and maximised space by having curtain divides rather than solid doors and tight spaces. Mr Christens Delicatessen on Elgin Crescent was recently redesigned in consultation with existing disabled customers and has been highly commended by ADKC members.

### Shopmobility

Although not a substitute for good access, Shopmobility schemes can help overcome some of the barriers created in shopping areas. There is now a UK network of Shopmobility schemes, which lend wheelchairs and scooters to disabled shoppers, enabling them to shop and visit leisure and commercial facilities within the town, city or shopping centre. Some Shopmobility schemes also offer escorts to assist visually impaired people and others to do their shopping.

There are 17 Shopmobility schemes within

the Greater London area; however nearly all are in outer London suburban town centres. RBKC does not have a Shopmobility scheme, although discussions have begun on how to introduce one. The lack of such a scheme, combined with poor parking provision for disabled people in central London, the lack of accessible public transport and accessible public toilet facilities, effectively excludes disabled people from some of London's best shopping streets. RBKC have a major role to play in ensuring that everyone, regardless of disability, age or gender, can participate equally in the borough's shopping streets and centres.

## 7.2 Restaurants and Pubs

Kensington and Chelsea is a popular destination for tourists and visitors. The borough has a large number of well known and prestigious restaurants as well as a vibrant nightlife with many bars and pubs.

It is not possible to give a clear answer as to the level of access, because of the high turnover and volume of commercial property. The ADKC Access survey of Organisations was sent to all restaurants and bars. The very low response rate suggests that access was a low priority for recipients. Of those who responded to the ADKC Membership survey, 32% said that they would like to see improved access to restaurants.

Like shops, most restaurants and pubs in the borough present serious access problems, including stepped entry, small toilets (or accessible toilets which have been redeployed as broom cupboards), high counters, poorly designed menus (with small print and unsuitable colours) and no information in Braille or on tape. Many new venues have installed wooden floors and have bare tables instead of traditional soft furnishings, which produce poor acoustics and very high noise levels, creating severe difficulties for people with hearing impairments. The trend of neutral design,

results in lack of contrast making it difficult for people with visual impairments to negotiate the environment.

## 7.3 Culture and the Arts

Everyone should be able to participate in arts, whether as creators, facilitators, participants or audience members. However, disabled people are still denied access to many arts and cultural venues in London, due to the poor physical access and facilities in the building, management practices and procedures, and discriminatory attitudes.

Organisations, such as the Museums and Galleries Disability Association, www.magda.org.uk, a not-for-profit organisation promoting the rights of disabled people to enjoy museums, galleries and heritage sites, have done much work on physical access. However, there is still a lot of work to do to overcome all the barriers that prevent people from using museums, libraries, arts and cultural venues. An increasing number of venues now have sign language interpreted events, produce information in accessible formats, and use audio description and captioning. However, physical access and facilities often remain inadequate.

Participation in street events and festivals can be particularly difficult unless inclusive access has been fully addressed in advance. Events often take part in community buildings, schools and church halls, many of which have poor access.

The Arts council estimated in 2001 that the spending power of disabled people nationally was around £80 billion. It is therefore not economically viable to deny disabled people access to the arts.

### Notting Hill Carnival

The annual Notting Hill Carnival takes place over the August Bank Holiday weekend. The Carnival covers the area between Kensal Road and Westbourne Grove (north to south)

and Ladbroke Grove to Chepstow Road (west to east). The Carnival is a fantastic high profile community celebration.

The huge number of visitors annually and the resultant pedestrian congestion, street displays and stalls etc. present obstacles to inclusion for disabled people. There are no clear routes for wheelchair users or visually impaired people. However, there are some viewing platforms and, where possible, stewards will assist disabled people to participate.

There is information on the RBKC Council website concerning the carnival, giving details of the parade routes, safe areas, location of entertainments etc. It is well produced and clear.

According to the website, there are 21 portable toilet sites in the Carnival area, all of which are accessible to wheelchair users. The Council works effectively to deal with the 'clear up' of rubbish and debris arising from carnival, thus minimizing the effects of additional obstacles and obstructions as far as possible.

Although many residents choose to leave the area during carnival, this choice may not be available to some disabled residents, due to lack of accessible opportunities and financial viability.

### Museums

The borough is home to a number of museums, including the internationally renowned museums in South Kensington. All the borough's museums have made considerable efforts to improve access in recent years. Standard facilities for disabled visitors now include

reserved parking for Purple and Blue Badge holders, step-free access, accessible WCs and induction loops.

The larger museums employ their own Access Officers and also provide tactile exhibits, dedicated helplines and textphones, wheelchair loans and personal assistance

around the exhibitions. They provide detailed access information on their websites, which are, themselves, accessible. Many have produced guides to their facilities in a variety of accessible formats including large-print, Braille and audiotape. A few museums now commission Disability Equality Training for their Customer Service staff.

However there are problems with some sites. The National Trust's listed properties at Carlyle House in Chelsea and Linley Sambourne House in Kensington, for example, have numerous stairs and because of their listed building status, cannot install lifts.

### Theatres

**Royal Court Theatre** has 5 steps from street level to the main entrance. However a side entrance has easy to open doors and a lift with voice announcements leading up to all areas of the theatre, apart from the downstairs bar, food and bookshop area which is accessed via a second lift in the stalls bar. There are 2 accessible toilets. The box office has assistive hearing facilities and a large print access guide is produced.

Audio described, captioned and signed performances are offered as well as touch tours of the theatre. There is an induction loop in the Jerwood Theatre downstairs and an infra-red system in both theatres. Play scripts are available free of charge to deaf and hearing impaired people attending signed performances. Guide and hearing dogs are welcomed. Stairs have handrails with raised metal studs.

**The Gate Theatre** in Notting Hill has an entrance of 20 steps. The Theatre is aware of the problem and looked into installing a stairlift but was unable to do so due to the building design and fire regulations. However, disabled people are assigned reserved seating and can choose where they sit to ensure the best possible legroom,

sightlines etc. There is one accessible toilet. Lighting is good at the entrance and front of house (including toilets) and information is available on request in large print, audiotape/CD or Braille on request. This information can also be provided in full over the phone. Providing information in pictures/symbols are currently being looked at by the design team for next season's brochure. The Theatre's website is currently being redesigned in terms of accessibility. They also stage signed performances and are currently investigating captioned and audio described performances.

**Chelsea Centre Theatre** has an entrance with level access. The theatre is upstairs but can be accessed by a lift large enough for a powered wheelchair. Chairs can be removed from the auditorium in order to make room for wheelchair users. Although seats are generally unreserved, disabled people can reserve seats that meet their access needs. There are accessible toilets for both men and women and large print information can be photocopied on request, although they do not produce information in Braille, tape or symbols. There are no stage signed, captioned or audio described performances.

**The Man in the Moon Theatre** in Chelsea was based in accessible premises but is now closed. They are currently looking for new premises and access is definitely a consideration.

**Finborough Theatre** has full access to the ground floor but 23 steps to the theatre auditorium with a handrail on the left hand side. All doorways and walkways are wide enough to accommodate wheelchair users and there is an accessible toilet on the ground floor. There are no wheelchair spaces in the theatre itself but there is

sufficient legroom for people who require extra space. Information is available in accessible formats, large print, Braille and audiotape.

**Holland Park Opera**, which plays during the summer months only, has facilities for wheelchair users. It used to have signed performances, but no longer does so because of a national shortage of sign language interpreters and the added difficulty of translation from other languages into English. However, sub titles and an induction loop, are provided and guide dogs welcome. There is an accessible toilet. This information is available on the Opera's own website but not on that of RBKC Council.

## Cinemas

Cinema access is variable, but better than most public facilities. Although all films are now sent to cinemas complete with subtitles, no cinemas in Kensington and Chelsea currently run subtitled shows, thus excluding deaf people.

**The Electric Cinema** in Portobello Road has a wheelchair accessible side entrance and is accessible inside. It also provides headphones for people who are hearing-impaired.

**UGC Fulham Rd** has wheelchair access to screens 4 & 5 and an infra-red system for all screens.

**UGC Chelsea** has no wheelchair access but provides an induction loop.

**Chelsea Cinema** has level access from the street, but there are steps to the screens. There is no assistance (e.g. loop system) for users with sensory impairment.

**Odeon Kensington** has some screens that are accessible; however the first floor screens have no access.

## Clubs and Music Venues

Access to clubs and live music venues is varied within the borough. Some of the smaller clubs, such as The Gate and The Blag Club, are situated up flights of stairs or down in basement areas. There are new clubs opening regularly and generally redevelopment and refurbishment of spaces take into account physical access needs.

**Ion Bar**, situated on Ladbroke Grove, has been open for a number of years and is accessible, with a lift to the first floor dining area and an accessible toilet. However, wheelchair users need to ask for assistance from staff to open the separate ramped and gated entrance. Ion Bar is part of the Mean Fiddler group, who are working in partnership with the Artsline project, Attitude is Everything, to create more inclusive venues.

**Neighbourhood**, also in the North of the borough, is a popular club which has recently been refurbished. The club is wheelchair accessible and there is information on the website concerning access.

**Earls Court Exhibition Centre** often hosts big name gigs. The venue is accessible and there is a dedicated raised platform which provides an unobstructed view, but which is fairly far away from other gig-goers. There are stewards on hand to assist.

## Art Galleries

Kensington and Chelsea has three significant art galleries and a variety of other smaller permanent galleries and exhibition spaces. Many of the smaller galleries are inaccessible and even some of the more spacious and newer developments, such as Apart on Portobello Road, have failed to create an inclusive building design.

# 7.4 Parks, Play and Open Spaces

Everyone should have the opportunity to enjoy parks and open spaces. Outdoor play has developmental and therapeutic benefits for all children. It is fun, helps to keep children healthy, develops an awareness of risk and danger and is important for building social, emotional and life skills. In the past there has been little recognition that disabled children are entitled to the same play opportunities as other children. The needs of disabled children when using play spaces have largely been neglected, and their interests have not been fully considered in the planning and design of play spaces.

The ODPM has produced 'Developing Accessible Play Space: A Good Practice Guide' (Ref 17) which adopts a Social Model of Disability approach to understanding disability and impairment and recognises that the development of accessible play space involves more than attention to physical access. There is more to consider than wide gates and tarmac surfaces or static games panels at low level. Environmental cues, materials and textures, way finding information and the use of natural resources can greatly enhance the quality of play experience for children. Planting and other soft landscaping can dramatically improve accessibility by adding to the richness of play.

RBKC Council gives information about 25 parks and open spaces within the borough in the booklet 'Leisure Information and Citizen's Charter', and on their website. Open spaces range from small squares to the largest park in the borough, Holland Park.

The majority of parks and open spaces have fairly good level access, as primarily the needs of mothers, with young children in prams, have been taken into consideration. The parks are well maintained and paths and hard surfaces are generally in good

repair. Grassed areas are sometimes separated from paths by a raised divide. This can make it difficult for wheelchair users to access the grass and get close to planting. Where entrance into the parks, (e.g. Avondale Park, W10) is via a double gate, wheelchair users may have difficulty, especially those people who use larger powered chairs. Signage could be clearer and larger in most parks. The facility of Audio description of areas and facilities within Holland Park might be advantageous to visually impaired visitors.

Generally, there is very little in the way of accessible play areas for disabled children.

**The Princess Diana Memorial Playground**, located within Kensington Gardens, on the edge of the borough, was designed as an inclusive playground, where 'able and less able' children could play together. This is a wonderful space with lots of innovative areas to promote children's development through play that includes the element of risk. The playground includes a sound garden, where children can create music. There is a large area of sand that creates a soft play surface, but it also creates difficulties for wheelchair access.

The Neighbourhood Renewal Fund (NRF) for 2004 to 2006 will support a programme of environmental improvements in the north of the borough, including the proposed new pedestrian routes in North Kensington and improved play facilities at Notting Hill Adventure Playground, to make them accessible to children and young physically disabled people.

**Acklam Road Playcentre**, operated by KidsActive, offered inclusive play for disabled and non-disabled children. This facility has recently been closed and services have been divided between other existing facilities.

## 7.5 Sports Centres and Participation Sports

It has been recognised nationally that access to physical activity and sports is an important part of healthy living and positive mental health. Over 20% of the respondents in the ADKC Membership survey said they would like improved access to sports facilities. Increasing participation, equality and inclusion in Sports and Physical Activity are part of the aims of the Community Strategy for Kensington and Chelsea.

The RBKC Sports Development Team provides access to sports activities for the whole community. Sessions are offered for young people, over 50s, women and girls, and disabled people. The service aims to increase participation in sports, attract people back into sport, and develop the individual's performance levels. Although the sports development section of RBKC's website specifically mentions disabled people as a target group, the site gives no information about access to its sports activities and facilities.

A small working group led by Kensington and Chelsea PCT has recently looked at fitness. Figures show that older people, people on low-incomes and disabled people use sports facilities less than other people and plans have been developed to address this. Also, Leisure services have been working with Social Services officers and the Golborne United SRB programme to increase sports centre usage for under using groups.

There is a GP referral scheme, whereby GPs give patients 'prescriptions' for exercise at local leisure centres. The scheme is for people who do not generally take up exercise but where it would be deemed to be beneficial. For example people who are obese or those with mental health problems. According to the KCP Progress Report, published in 2004, over 500 patients have been referred to the service.

Even where suitable facilities exist, they are

often used inappropriately. Thus, as in pubs and restaurants, accessible toilets are frequently used as storerooms. Poor staff attitude and a lack of appropriate training are also major disincentives to disabled people using sports centres. It has been the experience of some disabled people that they are not allowed to use sports facilities if unaccompanied, for alleged safety reasons. This happens even when the person needs little or no assistance to use the equipment.

Although it has recently been refurbished, Kensington Sports Centre is still inaccessible. The doors into the changing room are difficult to negotiate, the 'accessible' toilets are often out of order, disabled changing rooms are used as storage facilities, surfaces are slippery, broken hoists are left un-repaired and wheelchair users cannot get into the gym.

**The Chelsea Sports Centre** is also inaccessible to wheelchair users. This is partly because it is a grade one listed building, and this significantly restricts the potential for adaptation.

**Westway Sports Centre** has opened a small gym with inclusive equipment, which can be adapted for use by wheelchair users. It is generally felt that the Sports Centre has a positive attitude towards inclusion, and much of its sports provision is accessible.

The weekly swimming club, **The Kensington Emperors**, offers opportunities for disabled people to swim using the Halliwick method of swimming therapy.

ADKC, in partnership with RBKC Sports Development, runs a wheelchair basketball team, **Raiders**, which competes in the National League.

**Canalside Activity** centre offers accessible water sports.

Private sports centres also fall way below standard. Some have level access to part but not all of the premises, while others have a lift hoist, but no access to the fitness studio.

## 7.6 Playcentres and Youth Centres

The Kensington and Chelsea Community Strategy recognises that there are obstacles to inclusion within youth centres. According to the Progress Report on the Community Strategy 2004, all youth centres have been encouraged and supported to address the needs of young disabled people. Currently young disabled people from all parts of Kensington and Chelsea use the facilities at Lancaster Youth Centre. Special priority is given to disabled people on Wednesdays and activities for the rest of the week are fully integrated.

## 7.7 Volunteering

The Volunteer Bureau has a Supported Needs Project that assists disabled people who wish to do some form of voluntary work. The project co-ordinator helps with training, interviews and placements. The co-ordinator also supports organisations to maximise the use of disabled volunteers. The borough's Volunteering Code of Practice has reference to disabled people and ADKC was on the working party for producing the Code.

# SECTION 7:
# RECOMMENDATIONS

## Leisure & Recreation

### Contracts

• Where Leisure services are contracted by the Council, these should require management to have a focus on inclusion

### Information and Guidance

• A guide should be designed and published for different types of leisure facilities (shops, restaurants, pubs and bars, clubs and music venues, cinemas, theatres etc.)

• These publications should give practical guidance on how to become inclusive of disabled people. The guides should signpost service providers to useful sources of information and expertise in their area of work. They should also actively promote Disability Equality Training for management and staff

• The guides should be published and distributed to all commercial and community leisure providers to encourage improved access and inclusion

### Good Practice

• A portfolio of models of good practice should be built up. These can be promoted and used to support new developments

• An awards scheme should be introduced to recognise good practice

### Training

• All staff in community and commercial leisure organisations should receive Disability Equality Training

### Planning and Licensing

• Planning permission should only be granted to premises that have included an access statement which fully addresses the needs of disabled people

• The Planning Department to lead on monitoring accessible developments

### Shopping

• Shopmobility schemes should be introduced in High Street Kensington, Portobello Road, Kings Road and Knightsbridge

### Restaurants and Pubs

• Licensing should only be granted on provision of a satisfactory access statement

• Licenses should only be granted for cafe furniture on the street which does not restrict access

### Cinemas

• Cinemas within the borough should be encouraged to offer subtitled screenings of every film. This would benefit deaf people and hard of hearing older people

### Parks

• Consultation should take place with families with young disabled children. This could be facilitated by organisations such as 'Full of Life'

• Audio description of facilities within Holland Park would be useful for visually impaired visitors

### Sports Centres

• Sports Development should take lead responsibility for carrying out an access audit of current sports facilities within the borough

• Funding and focus should encourage inclusion, wherever possible

• Kensington Sports Centre needs to be made fully accessible

• There could be an increased range of accessible sports across the borough

### Youth Centres

• All Youth Centres should emulate the good practice established by Lancaster Youth. This would help to ensure that young disabled people can access good quality youth services within their own local community

### Volunteering

• Infrastructure volunteering organisations should work with mainstream placements to further broaden volunteering opportunities for disabled people

# SECTION 8:
# Information, Communication & Information Technology

## 8.1 Information Provision

Making information fully accessible is one of the most important factors in ensuring that disabled people can attain full inclusion within society. The changes needed to do this are often very simple, for example: increasing the font size of written material, making information available on tape or in Braille, ensuring websites are designed with clear information and good colour contrasts. Support with these changes is easily available from local disability organisations and from national initiatives such as the 'Bobby' scheme for online accessible website accreditation.

Upfront information about the accessibility of premises and services is difficult to find. Private sector organisations overwhelmingly rely on disabled people arriving on their door step to find out whether and to what degree they are accessible. Even when they are accessible, poor signage frequently means a dispiriting search to locate the accessible entrance. Yet access information is valued – only 20% of ADKC's survey respondents had seen any kind of access guide, but of those that had, most had found it useful.

Good signage is especially important for people with visual impairments and for people with Learning Difficulties. Lessons in how to produce prominent and pictorial signage could be usefully learned from the National Westminster Bank, which is a rare exception to the general pattern of non-existent or overly discrete signage provision.

### RBKC Council Information

RBKC Council has produced a leaflet on information services within Kensington and Chelsea. Although it is written in an appropriate font size, the page is far too busy and cluttered, with too many different colours. The leaflet contains no information on disability access.

None of the Council's information on mainstream services refers to access for disabled people, although there are a separate series of booklets specifically targeted towards disabled people. There is currently no booklet giving information about leisure opportunities in the borough for disabled people.

Different information is to be found on different parts of the RBKC Council website. Some of the Council funded organisations have information about those organisations' accessibility and their premises' accessibility.

But the website generally has poor access with a bright, clashing colour scheme and no access toolbar. In addition, there is no indication that many of the borough's publications and guides to council structure are available, on request, in alternative formats. A review of the site is currently being undertaken in parallel with the work around accessibility of information.

The Council's Policy Officer (Diversity and Equalities) is currently reviewing the accessibility of the borough's information provision in terms of translation and interpretation. Producing information in formats that are accessible to disabled people is a part of this review. The intention is that Service Managers look at the information they are producing and decide on the best way to present it in the context of the client group they are working with. The Policy Officer is producing guidelines that raise the profile of people's needs and suggest ways of improving accessibility.

### Libraries

There are six Libraries in Kensington and Chelsea; all have a degree of accessibility except for Notting Hill Gate. North Kensington Library is the only one with an accessible toilet.

Books are available in large print, tape and CD in all of the borough's libraries. Some children's books are available in Braille and other Braille books can be ordered on request. Mainstream videos are available with subtitle options.

### Kensington Citizens Advice Bureau (CAB)

General Enquiries can be dealt with at 140 Ladbroke Grove which is accessible. The premises has an induction loop system, can locate BSL interpreters and can produce information in large print on request. They have no material in Braille or tape but can obtain it if necessary.

The Income Maximisation Service is for people over 50. They take referrals from Social Services, OTs, home carers etc. and can do home visits. They can look at an individuals benefit situation and follow up claims. They also have a specialist BME worker who deals with more general enquiries. There are 2 other workers in Chelsea.

The Community Outreach Service is for people who are unable to access CAB's services. There is a telephone advice line, plus a worker specifically for people with mental health issues based at St Charles Hospital and another worker dealing with other issues 3 days a week. They can make home visits.

### Chelsea Citizens Advice Bureau

Based in the library at the Old Town Hall, this CAB is accessible via a lift at the side of the building. At the moment there is no accessible toilet, although the Town Hall is planning to build one. All the rooms have large doors but only the waiting room and one meeting room are fully accessible, the other rooms being too small.

CAB ensures that all their information is in at least font size 14 and is available in large print or on tape on request. Information is not available in symbol or picture format, although staff are always happy to read for people who do not understand printed material. An induction loop is to be installed but currently there is no access to BSL interpretation.

### Worlds End Neighbourhood Advice Centre

There is a small step (approx 1 inch) to the door of the main entrance. Although there are accessible toilets, the doors are heavy so may require assistance from a member of staff. Home or hospital visits can be provided if booked, but there may be delays. As with all other languages, BSL interpreters can be booked when required. Information can be translated into large print

on request, and although no one has ever requested Braille or tape, these could also be provided. The website www.wenac.org.uk has clear print of a reasonable size but gives no access information or access options. In addition there are some colour clashes that could be difficult for visually impaired people.

### North Kensington Law Centre

The front entrance and public areas are situated on the ground floor where there is an accessible WC. However, the reception area is small, often crowded and some door widths are narrow. The Law Centre is based in a four-storey building which would be problematic should they employ disabled people. Information is not currently available in alternative formats, though funding is being sought to remedy this. The website www.nklc.co.uk has no access options, faint lettering and poor colour contrasts.

### Moroccan Information and Advice Centre

This service is open to disabled people, with a ramp at the front of the building. All the advisors are based on the ground floor; however the only WC is in the basement. There are no resources to offer home visits or BSL interpreters; neither do they translate information into tape, Braille or large print.

### Nucleus Legal Advice Centre

The interview space is in the basement but recently the ground level reception has been made more accessible by removing steps and widening the door. This area is now used to interview disabled people, elderly people and children. Because of the demand for use of this area, disabled people tend to

have to wait longer for appointments. There is no accessible WC but visitors can use the accessible WC in the Response Centre next door. Fundraising is ongoing for an office extension and accessible WC. Signage both inside and out is poor. Information can be provided in large print or on tape on request. The website: www.nucleus.org.uk is currently under construction but, that which is already available, has poor colour contrast and no access options.

### Action Disability Kensington & Chelsea

ADKC is contracted by the RBKC Council to provide information and advice to disabled people on disability related issues. The service can be accessed by phone; at the fully accessible ADKC Centre; at accessible satellite centres in Chelsea and Earls Court; or by home visits. ADKC's services are also accessed by professionals. As would be expected ADKC provide information in large print, Braille and on audio tape. They have a Mincom and hearing loop within the centre and a portable hearing loop for outreach services.

### Talking Newspaper

Kensington & Chelsea have a local organisation which provides a talking newspaper for blind and visually impaired people. This newspaper comes out weekly with articles from the local newspaper.

## 8.2  Access to the Internet

The growth of e-services holds particular promise for disabled people, giving new meaning to the concept of 'access'. The internet is the most up-to-date information source, while email enables direct and
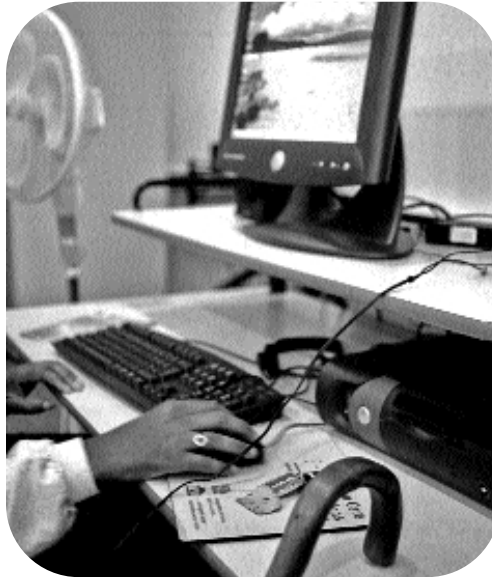
almost instantaneous written communication between people in distant locations. Provided they have access to on-line IT, people with mobility, sight, hearing and other impairments need not be disadvantaged.

ADKC's Membership survey found around 40% of respondents had internet access. More than 80% could use the internet at home, while a further 10% each had access at work or at an educational establishment. Breaking down home internet access by age, ethnicity and gender produced interesting results. Ethnicity did not appear to be significant, but, unsurprisingly, age was, with only a handful of people over 65 having home internet access. Most striking was the gender difference, with 44% of male but only 28% of female respondents recording home internet access.

### Computer Access

#### Libraries

The two larger libraries (Brompton and North Kensington) have learning centres with fully accessible computer stations. Every library in the borough has at least one computer equipped with the Supernova access programme for visually impaired people. Larger libraries have more than one. All library staff have been trained in how to use this software. Headphones for Supernova speech module, large print keyboards and accessible mice are available on request.

#### Tabernacle

Has a computer room with full physical access. There are also 2 large screen computers available on request.

#### Harrow Club

All the computers at the Harrow Club are physically accessible and one has an adapted mouse and keyboard.

### ADKC

All computers at ADKC are physically accessible, all computer stations are height adjustable and there is a choice of seating available. There are several different types of software to enable further access including Jaws, a voice speech and recognition software package. ADKC hold computer classes and run two internet cafes, one specifically for deaf users with a tutor who uses BSL.

## 8.3 Communication Equipment

With rapidly evolving technology, new products appear that facilitate, even transform access. Thus, phones can be adapted for hearing impaired people, while loop systems make public presentations accessible. Computers can be tailored to blind users and voice recognition software is now a reality.

Creative use of cutting edge and established technology in outreach booths across the borough, can transform access. For example, Lewisham Council has developed 'Tellytalk' – a combination of television and IT to enable people needing support with benefits etc, to communicate 'face to face' with advisers and council officers.

Both users and service providers need a reliable and up to date source of information about accessible technological developments.

# SECTION 8:
# RECOMMENDATIONS

## Information, Communication & Information Technology

### Training

• *All management and staff should receive appropriate user-led Disability Equality Training*

• *Staff should be encouraged to take up training in areas such as BSL*

### Communication

• *General Information providers and key partners should explore the feasibility of video links between services and BSL interpreters. These video interpreting stations would be ideally placed within Council, Health and Information/Advice services (such as CAB)*

• *All information providers should employ front-line staff with additional communication skills, (e.g. BSL)*

• *Contracts with Interpreting agencies should be established to ensure fast booking of interpreters when necessary.*

### Information

• *Organisations should review current information and ensure that all information is inclusive. All written information produced should be provided in accessible formats. This should be widely advertised*

• *The talking newspaper service should consider ways in which the service could be broadened to provide a taping system for information providers*

### Access to Computers

• *IT providers should acquire software to enable visually impaired people and people with learning difficulties to access computers*

### Uptake of service and monitoring

• *All information providers should actively outreach to disabled people*

• *Information providers should monitor use of services by disabled people and this should be reviewed annually*

# SECTION 9:
# Transport and Public Spaces



## 9.1 Introduction

In common with most parts of London, large volumes of traffic use the borough's roads. Road congestion and overcrowding on public transport affects the reliability and regularity of services.

Despite the introduction of low-floor buses and the installation of lifts at some Underground stations, many disabled and older Londoners still face difficulties in using London's public transport system. Nearly half the respondents to ADKC's Membership Survey considered suitable transport to be the most important factor in achieving some independence.

The survey asked whether members found their ability to reach local services obstructed by access problems. Transport inadequacies figured prominently. Though 40% of survey respondents felt that access had improved in the last five years, which they attributed chiefly to better buses, around 25% still reported transport-related problems, particularly the lack of suitable transport and difficulties in parking.

'Transport for Disabled & Older People, Getting from Place to Place' is a publication available from RBKC Council's Information Department. It is available in accessible print, audio, Braille and translated into the main languages of the borough. It contains useful information on parking bays, disability organisations, mobility centres, rail travel, telephone numbers, accessible underground stations and a full listing of accessible bus routes in Kensington and Chelsea.

Bus and tube maps are available in a variety of accessible formats, including large print, audiotape and tactile form. Transport for London's "Local Journey Planner Kensington, Ladbroke Grove, Notting Hill, Shepherds Bush", has details of accessible tube and bus routes and advice on how to plan your journey.

## 9.2 Public Transport

### Buses

London Buses have stated that by October 2005 all their fleet (with the exception of the old Routemasters) should be fully accessible to all passengers, including wheelchair users. These improvements will not only help disabled passengers, but also benefit older people and those pushing prams or carrying heavy shopping. At present however, there are a number of issues that need to be

addressed:

• There are concerns about the reliability of hydraulic lifts and the lack of driver training in operating them. There have been reports of drivers not stopping at bus stops if they see a wheelchair user waiting in the queue.

• The liquid crystal displays that indicate the stop that the bus is approaching are difficult to read at a distance and may not be accessible to people with visual impairments or learning difficulties. An additional audio announcement would be useful.

• Bus drivers do not always stop at the kerbside and this can cause problems for many disabled people. This could be remedied by better policing of vehicles parked illegally at bus stops.

• Wheelchair users cannot travel together on buses as there is only one wheelchair space on each bus.

• A few drivers choose to call out the location at the bus stops. However, this is a personal initiative, rather than standard practice. Without reliable and consistent location updates, it is extremely difficult for people with visual impairment to use buses.

The "Central London Bus Guide" leaflet is available from Transport for London and contains a large map that is useful for journey planning. It contains contacts for other local guides.

The following bus routes in Kensington and Chelsea are accessible to wheelchair users: 7, N7, N9, 10, N10, 11, N11, N12, 18, N18, 23, N23, 27, N27, 28, N28, 31, N31, 49, 52, N52, 70, 30, 74, N74, 94, N94, N97, 137, N137, 148, N148, N207, 211, 239, 295, 316, 319, 328, 345, N345, 360, 390, N390, 414, 430, C3,C1.

### Underground

Transport for London has produced a leaflet showing the accessible tube stations on the London network. Kensington (Olympia)

station on the District Line and Silverlink main line is accessible. Additionally, West Brompton is accessible going towards central London. No other Underground stations in the borough are accessible.

London wide, only 43 out of the 275 stations on the network are accessible. Transport for London has published a list of 100 stations it aims to make fully accessible by the year 2020. The stations in Kensington and Chelsea scheduled for improvements are:

Earls Court (due for completion in 2005) Ladbroke Grove (2007), Knightsbridge (2008), South Kensington (2008), High Street Kensington (2009), Notting Hill Gate (2011).

Scheduled improvements to stations include:

• Improving the provision of up-to-the-minute information regarding the availability of lifts at particular stations

• Providing step-free routes from street level to the ticket offices, platforms and trains

• Improvements to audio, visual and tactile information throughout the system

• Underground Train Information

Deaf passengers are unable to access loudspeaker information (platform changes, cancelled trains etc.), while those who are hearing-impaired often have great difficulty in understanding announcements. Visually impaired passengers are unable to access electronic or television screens showing train information etc. There are some audio information points available on platforms. The London underground system and its information service often excludes people with learning difficulties.

### Overground Trains

There are two over ground stations serving Kensington and Chelsea – West Brompton and Kensington Olympia. There are 2 level entrances to Kensington Olympia: Olympia Way and Russell Road. However, signage as

to which entrance is which is very unclear.

As with the Underground, staff assistance is not always available, although individual staff can be helpful. Assistance can be booked in advance, but does not always materialise. Blind, deaf, sight and hearing impaired passengers have the same problems regarding information as with London Underground.

## 9.3 Specialist Transport

### Dial-a-Ride

Dial-a-Ride is a door-to-door transport service for disabled people who cannot use public transport. It is free to join but there are nominal fares in line with local bus fares. Members telephone or fax their bookings for trips in advance.

ADKC members report difficulty in accessing the service. Their calls are often unanswered and they are required to leave details of their booking on an answering machine. Staff often phone back to confirm the booking a day before the journey. If they are unable to take the booking, it leaves the user very little time to make alternative travel arrangements. On some occasions Dial-a-Ride have failed to respond to messages. This is a problem with other Dial-a-Ride services.

### Taxicard

The Taxicard scheme offers disabled people travel in designated licensed London radio taxis at a reduced rate. Changes in regulations allow Taxicard holders to hail cabs from the street, in addition to booking them in advance, although some cab operators have yet to implement this. Sadly, Taxicab contractors are no longer able to accept credit cards, which were a convenient and safe means of payment for many disabled people. There have been some isolated incidents of faulty ramps in vehicles, or drivers not trained to use them, but overall, the standard of service is good.

There are 2,500 disabled residents registered with the Kensington and Chelsea Taxicard Scheme. There are no figures to show the percentage of those registered who actually make regular use of the scheme. RBKC Council's annual allowance of 120 Taxicard trips per user compares favourably with most other London boroughs.

### Kensington and Chelsea Community Transport and Community Car Scheme

Community Transport provides bus hire for organisations and groups of disabled people. Accessible vehicles are available and they also provide paid or volunteer drivers.

The Car Scheme provides low cost travel for individual disabled people. They provide private cars, wheelchair accessible vehicles and volunteer drivers. These services are, in general, friendly, flexible and efficient. However they can never be totally reliable as there is always the risk of a last minute cancellation, when volunteer drivers are used.

## 9.4 Parking and Road Use

The national parking scheme for disabled people is the Blue Badge scheme. However, Blue Badges are not valid in Westminster, Kensington and Chelsea, or parts of Camden. Kensington and Chelsea has its own Purple Badge scheme for disabled people who have access to a car and live or work in the borough. There are also a limited number of bays for Blue Badge users within Kensington and Chelsea.

The Council has produced leaflets on their local Purple Badge scheme and concessions available for Blue-Badge holders. This information is also available on the Council's website. Most locations have been checked and found to be correct. However not all the bays conform to the minimum recommended size, as defined in British Standard 8300 or the Approved Document to Part M of the

Building Regulations.(Ref 13). Furthermore an increasing number of disabled drivers are now using larger "Multi-Purpose Vehicles" that can be adapted to accommodate a wheelchair user. Some of these vehicles, e.g. Chrysler's Grand Voyager, are too large to fit into a Part M bay.

This situation is compounded by the fact that ramps used to access the vehicles, require extra space, up to 3 metres in some cases. Pavements, particularly in the south of the borough, are often too narrow to allow the use of an access ramp; and there are some one-way streets on which parking is only available on one side of the street, which makes side opening ramps dangerous to use.

Although there are a number of bays reserved for disabled people throughout the borough, there are several popular areas, e.g. Notting Hill Gate and Holland Park, where there is little provision.

The Council could provide better on-street signposting of existing reserved bays which can be used by blue-badge holders. There are no purple badge holder bays as disabled people who have a purple badge are able to park on resident parking spaces and free usage of metres. This can cause some problems when blue badge bays are taken by visitors to the borough and there is no parking close to where the person needs to access.

### Personalised Parking Bays

The Council operates a scheme for personal parking bays, usually situated outside the disabled person's residence. The numbered bay is for the exclusive use of that person's vehicle.

### Congestion Charging

Although Congestion Charging will not directly affect disabled drivers, it is envisaged that there could be a knock on affect for informal carers and family/friends that support disabled people.

## 9.5 Public Spaces

### Streets

RBKC Council has made a commitment to make the streets fully accessible but there is still a lot of work to be done in this area, especially in the north of the borough where paving stones are uneven and chipped and the streets are often obstructed.

There are poor levels of street lighting, even on some of the major roads, e.g. on the north side of Old Brompton Road in South Kensington, where street lamps are partially obscured by overgrown trees. In this residential area, away from well-lit shop fronts and cafés, the street lamps are unevenly spaced. Should one lamp along this stretch malfunction, the resulting light levels would be greatly reduced with implications for people with visual impairments.

During the autumn months, falling leaves and wet pavements can be a hazard for people with mobility or visual impairments.

The gradients of dropped curbs are frequently steeper than the recommended gradient of 12 to 1. There is inconsistency in tactile pavements, no warning beeps or announcements on many crossings, and little publicity of the 'revolving rod' warning systems to be found on these crossings. Following the completion of road repairs, roadworks are often left in the road for long periods of time, blocking roads and pavements and rendering them inaccessible to many disabled people. In recent years,

there has been an increase in the number of cafés with tables and chairs on the pavement. Although the Council now guarantees a minimum width of pavement to pass by on, the provision of tactile warnings on the approaches to these cafés should be considered.

A positive step is that the Council has recently introduced ceramic discharge street lighting, to replace the older high-pressure sodium variety.

### Trees and hedges

Kensington and Chelsea has very green and leafy streets. While this makes for an attractive environment, left unattended this greenery can provide unpleasant shocks for blind or otherwise sight impaired pedestrians. In particular, there are problems with bushy and overhanging trees and hedges, and weeds sprouting from trees and across the pavements.

### Public Sanitary Facilities

Seven out of the 12 public toilets managed by the Council are accessible to wheelchair users. These are reasonably well dispersed across the borough, although not all are open 24 hours a day. The Council might consider wider implementation of the National Key Scheme operated by RADAR, the Royal Association of Disability and Rehabilitation.

## SECTION 9: RECOMMENDATIONS

### Transport
### Individual Assessments

• *Transport and mobility needs should be included in needs assessments. Proposed individual budgets could help to meet some transport needs (for example where someone needs confidence-building to use public transport).*

### Public Transport
### Consultation and Involvement

• *A transport user-group should be set up by the Council, to ensure that the barriers faced by disabled people when accessing public transport are effectively recognised*

• *This user-group should recruit people across the full range of ages and impairments*

• *The transport user group should be led by a person who represents the borough on transport issues at a strategic level, thus having a direct link between providers and users*

### Specialist Transport Provision
### Transport as a barrier to Independent Living

• *Wherever possible, disabled people should be able to access mainstream transport provision as it is recognised that specialist transport provision can only offer a limited, restricted and inflexible service, which does not support full independent living*

• *Specialist transport provision should provide a high quality service to those disabled people who will never be able to access mainstream provision*

### Contracts

• *Statutory services should ensure that contracts for specialist transport provision are well resourced, staffed and reliable as these are currently a key to independent living*

71

## Taxicard

• It is recognised that Taxicard is a positive and empowering service and the Council should consider building on this

• The PCT should explore ways in which the Taxicard service could be utilised to support disabled people's access to health

## Parking

### Consultation and Guidelines

• Review design of parking bays, in partnership with disabled people and their organisations to ensure bays are usable by unaccompanied drivers

• Standardise parking bay sizes in line with agreed guidelines (above)

### Increased Parking

• The location of bays needs to be carefully considered for access needs

• There needs to be an increase in the number of bays in the north of the borough

• There should be a partnership with Westminster Council to allow reciprocal parking arrangements between the two boroughs' disabled badge schemes (Purple and White Badges)

## Public Spaces

### Consultation/Involvement

• Any new streetscape developments should thoroughly consult with disabled people and their organisations at the point of planning and design

• People with visual impairments need to be consulted around the use of tactile pavement, warnings and lighting

### Complaints/Monitoring

• Promote Council leaflets, together with a helpline and complaints system, so that disabled residents and their organisations are encouraged to contact the Council about obstructions, damage and other streetscape problems and dangers

• The 'considerate contractors' scheme' should be carefully monitored, to ensure that building sites do not cause obstruction to the pavements

### Pavements and Curbs

• All drop curbs need to be reviewed to ensure they are in-line with the recommended gradient of 12:1

• Warning systems (such as tactile paving) needs to be introduced where there is permanent street furniture, such as café tables and chairs. The cost of this could be passed onto premises owner

• Commercial businesses should be penalised for causing obstructions to visually impaired and other disabled people, (e.g. by leaving black bags on pavements etc)

• The borough should have a zero-tolerance policy on pavement cycling and skateboarding

### Trees and Hedges

• Ensure management of street foliage is maintained, especially during the summer, to ensure that trees, hedges (especially Holly), and weeds are controlled and do not obstruct passage for disabled pedestrians.

### Toilets

Information about toilets:

• Ensure all local area maps displayed on streets indicate the location of accessible toilets.

• All general information which concerns the location of toilets should indicate whether there are accessible toilets

• The RBKC Council website site should list all accessible toilets within the borough.

Radar Key Scheme:

• Council offices should promote the Radar Key Scheme to disabled members of the public and should be a point of sale for Radar Keys.

# SECTION 10:
# Black and Minority Ethnic Organisations

## 10.1 Introduction

Black and Minority Ethnic (BME) disabled people face multiple discrimination in terms of job opportunities, housing and community care assessments. People are discriminated against because of their race or culture on top of being discriminated against because they are disabled. They may also face discrimination in terms of gender, faith or sexuality. Many of these additional barriers relate to racism and are linked to ignorance or insensitivity to cultural, faith or communication requirements.

Despite facing so much discrimination, BME disabled people have few support services. They may have little or no contact with white disabled people and so may feel excluded from the mainstream disability movement, while their own community groups often cannot offer the relevant support.

The Disability Rights Commission has published a guide: 'Our Rights, Our Choices. Meeting the Information needs of Black and Minority Ethnic disabled people' (Ref 18). As well as setting out how mainstream services and organisations who work with disabled people can become more inclusive of BME disabled people, this report highlights the work that needs doing amongst black and minority ethnic community groups and organizations in order to meet the needs of their disabled members. The guide states:

**Barriers to inclusion experienced by BME disabled people wishing to participate in the Community:**

• Fear of disclosing impairments to relevant services because of 'negative' response this may generate from within own ethnic community

• Some families may prefer to keep issues affecting their disabled members 'under wraps' rather than to assert their rights and entitlements and ask for appropriate support or provision

• The concept and aim of 'independent living' may require elaboration, consultation and negotiation in minority ethnic communities where it is an unfamiliar concept and there is a perceived risk it may appear to downplay the role of the family and traditions of interdependence

• Aspects of disability, such as mental health related issues are often experienced as taboo in some sectors of black and minority ethnic communities and cultures.

• The increased risk in some communities that disabled people are perceived as having an impairment for reasons other than biological causes, which can lead disabled people and/or their families to experience exclusion, 'guilt' and/or 'blame'.

• Black and minority ethnic led organisations or those who service the black and minority ethnic communities:

- Do not always work together with disability organisations

- May not be physically accessible to disabled people

- May lack awareness about disability rights and entitlements

- Lack the funding and resources to respond appropriately to the individual or collective requirements of disabled service users.

*(Extract taken from 'Our Rights, Our Choices', Disability Rights Commission 2004)*

## 10.2 Local Black and Minority Ethnic Community

Kensington and Chelsea has a multi-cultural, and multi-ethnic population. More than 100 different languages are spoken. The 2001 Census, which gave details of numbers of people from 65 different categories of country, found that the borough had residents represented in every category, making it one of the most diverse and cosmopolitan parts of London.

Whilst there is inadequate information about the numbers and ethnic profile of disabled people within the borough, it may be assumed that the disabled community within Kensington and Chelsea is at least as ethnically diverse as the resident population in general.

### Policy and Strategy

Current local policies and strategies tend to deal with disability inclusion and race equality issues as separate strands. This can

result in the lack of planning which sufficiently considers the needs of Black and Minority Ethnic disabled people.

### Information about BME community groups and organisations.

The RBKC Council website contains information about BME community groups. The website is not very easy to navigate. For some, but not all organisations, there is separate information about the organisation's building and accessibility.

The Community Relation Section (see below) has published several guides to BME organisations in the borough.

### The Community Relations Section

The Community Relations Section was established in 1967 and has been widely recognised for good practice. The aim of the Community Relations Section is to:

'provide appropriate advice, assistance and support to the diverse communities within the Royal Borough of Kensington and Chelsea, the Council, voluntary and statutory organisations and others, so as to foster harmonious relationships and promote equal opportunities in this cosmopolitan borough'

The Community Relations Section offices are inaccessible for wheelchair users.

### The Black and Minority Ethnic Health Forum

The Black and Minority Ethnic (BME) Health Forum is an independent multi-agency policy forum with over 260 members from local Black and Minority Ethnic groups in Kensington and Chelsea and Westminster, and representatives form local statutory agencies. It is unclear whether disabled people with a range of impairments are represented within this forum.

The BME Health Forum has recently produced a report in partnership with the Migrant and Refugee Communities Forum. The report considers mental health issues and service provision for people from BME

groups. The Forum plans to undertake a further research project with a focus on access to statutory services for disabled people from the BME community. The research will also look at access to voluntary, community and faith groups.

### The Migrant and Refugees Communities Forum

The Migrant and Refugee Communities Forum (MRCF) is a migrant and refugee-led community development umbrella organisation, with over thirty member organisations from diverse migrant and refugee communities in north-west London. MRCF has a successful track record in delivering community development support. The Forum is based within an accessible building with wheelchair accessible toilets.

### BME Community Groups

Kensington and Chelsea has a vibrant range of small BME community groups. Many of the small groups and organisations operate from community facilities, such as meeting halls attached to places of worship or shared voluntary sector offices. These groups are often entirely run by volunteers with little or no funding. The physical access varies considerably. Access in terms of communication, technology and information in different formats is generally poor.

### User-led Organisations

There is no separate user-led organisation of BME disabled people within Kensington and Chelsea. (Such organisations exist in other boroughs, e.g. Asian Disabled People Alliance in Brent). Amongst the existing organisations of disabled people, there are no designated BME workers to specifically address the issues of Black and Minority Ethnic disabled people.

# SECTION 10: RECOMMENDATIONS

## BME Organisations
### Access audits of facilities

• *Community Relations Section to take lead responsibility for managing access audits of all BME organisations' premises in partnership with the Forum of Faiths and MRCF*

### Training

• *There should be Disability Equality Training for Community Leaders and staff*

### Outreach and support for disabled people

• *Community Leaders/organisations should actively encourage the inclusion of disabled members.*

• *Community Leaders/organisations to build awareness of information, advice and support services within the borough. This will enable them to better support families.*

• *ADKC and other disability organisation should actively outreach to BME community groups to increase understanding of the issues and to increase awareness about the Social Model of Disability and Disability Rights*

### Policy

• *All policy which affects disabled people should take into account multiple discrimination experienced by BME disabled people*

### Service Provision

• *Organisations of disabled people and agencies who work with disabled people, should take a multi-cultural and anti-racist approach to service planning and delivery to ensure the inclusion of BME disabled people*

# SECTION 11:
# The Voluntary and Community Sector

Kensington and Chelsea has a large and involved Voluntary Sector which provides a wide range of support and services. All organisations that provide services or employ people are included under the DDA; it is therefore important that they embrace the needs of disabled people within their service.

## 11.1 Voluntary & Community Sector

### Compacts

There are a number of Compacts that have been produced and agreed. The Compacts need to be measured not only in terms of whether they have brought about greater stability in funding, better consultation and capacity building for BME and Community groups, but also reviewed in order to build capacity of disabled peoples' organisations and disability related services.

### Infrastructure Organisations

The Social Council and other infrastructure organisation have a pivotal role to play in leading with good practice in employing disabled people, providing accessible services and supporting other organisations to make their services accessible.

The Volunteer Centre has a Supported Needs Project which assists disabled people to access voluntary work.

### Volunteer Involving Organisations

Voluntary Organisations must take into consideration the additional cost related to involving disabled volunteers when applying for funding e.g. cost of transport, special diet etc

### Management Committees

The Management Committees of Voluntary Organisations should reflect the local community and actively recruit disabled people onto their committees.

### Training

All staff in the Voluntary and Community Sector should have Disability Equality Training and training on the DDA.

## 11.2 Faith Organisations

### Faith and Inclusion

Part 3 of the Disability Discrimination Act also applies to places of worship. Meeting the access needs of disabled people presents a particular challenge locally as many places of worship and associated buildings are old and sometimes listed.

However, Religious leaders can play an important part in making their communities more aware and inclusive of disabled people. One important role for Religious leaders is to bring about changes in attitude about disabled people; a number of

religions see disability as a negative sign that a person has sinned in their last life or are being tested. It is important to remove this emphasis and the "tragedy model" from individual disabled people, and to question the belief that disability is a bad thing in general. Leaders could also encourage more participation by disabled people and their families in religious activities.

## Forum of Faiths

The Forum of Faiths is a multi-faith organisation which shares its location with the Community Relations Section of the Council.

The objectives of the Forum are to 'promote unity while acknowledging the diversity amongst and within the faith traditions; to encourage participation from each faith tradition according to their ability and within their tradition; to exchange ideas about practical initiatives – to offer opportunities to local people and to promote opportunities and foster partnerships so as to access resources'.

There is no evidence that the Community Relation Section or the Forum of Faiths have yet considered the complex needs of BME disabled people or disabled people from different faith groups.

## Places of Worship and Faith based services

There are a large number of places of worship and faith based facilities within Kensington and Chelsea. The physical access varies considerably. While churches have to generally contend with an aging property portfolio, faiths which have arrived in the UK relatively recently, tend to be housed in more modern and accessible venues.

# SECTION 11: RECOMMENDATIONS

## Voluntary and Community Sector

### Access audits of facilities

• *Community Relations Section to take lead responsibility for managing access audits of all Voluntary, Community and Faith organisations' premises in partnership with the Forum of Faith and MRCF*

### Training

• *There should be Disability Equality Training for Community and Religious Leaders and staff*

### Outreach and support for disabled people

• *Community and Religious Leaders/organisations should actively encourage the inclusion of disabled members*

• *Community and Religious Leaders/organisations to build awareness of information, advice and support services within the borough. This will enable them to better support families.*

• *ADKC and other disability organisations should actively outreach to Voluntary, Community and Faith groups to increase understanding of the issues and to increase awareness of the Social Model of Disability and Disability Rights*

### Policy

• *All policy which affects disabled people should take into account multiple discrimination experienced by BME disabled people or disabled people of different faiths*

• *The Management Committees of Voluntary Organisations should reflect the local community and actively recruit disabled people onto their committees*

### Service Provision

• *Organisations of disabled people and agencies who work with disabled people, should take a multi-cultural and anti-racist approach to service planning and delivery to ensure the inclusion of disabled people of different faiths.*

# SECTION 12:
# Police & Community Safety

## 12.1 Introduction

The Greater London Authority (GLA) recently published its Disability Equality Scheme (Ref 25); this includes the results of a questionnaire and concludes that disabled Londoners have increased chances of being victims of crime. Eight per cent of disabled people in the capital suffered a violent attack in 2001/2 compared to just four per cent of non-disabled people. Disabled people are also twice as likely to be burgled.

The Metropolitan Police have recognised that this is a problem and in the past year, they have actively sought the involvement of disabled people in user groups. Posters have been distributed to community buildings and to organizations of disabled people, requesting their involvement.

## 12.2 Local Context

The local Community Safety Strategy 2002-2005 detailed a programme of action to reduce crime and disorder. The programme was agreed by the Community Safety Programme Board. The strategy identified eight key crime and disorder themes. Crime against disabled people was not identified as a key theme for the strategy. However,

the document did recognise that crimes against people with learning disabilities is an emerging theme.

The first Community Strategy for Kensington and Chelsea, 'The Future of Our Community' (2002) states that the Kensington and Chelsea Partnership aims to 'develop joint initiatives between statutory, voluntary and community organisations to raise people's confidence about handling mental health issues in the community' (page 23).

### Crime Prevention

There are no known crime prevention or awareness programmes aimed at disabled people within the borough.

### Access to Police Stations

Of the three police stations in the borough none are currently accessible to wheelchair users. Kensington Police Station, located on Earls Court Road has undergone complete refurbishment and is accessible. There is no textphone to enable Deaf people to contact their local police.

The Parks Police are based at Holland Park but regularly patrol the parks within the borough. This office is not open to the

public, but is on the ground floor with level access.

### Police Support Community Officers

Kensington and Chelsea was the first London borough to introduce Police Community Support Officers. This has created a greater police presence and has helped to prevent and deal with minor crime. Police Community Support Officers have visited ADKC and other community organisations to gain feedback about crime and safety issues.

### Training

It was not possible to discover whether Disability Equality Training was available to police staff. However, the members of staff who were asked for information had not themselves been offered training in this area.

### Support for Offenders

Sign language interpreters are available at Police Stations for people who use BSL who have been arrested.

### The Youth Offending Team

The Youth Offending team offers support to young offenders. The premises used by the Team is accessible with an wheelchair accessible toilet. The Team also has access to BSL interpreters and a couple of deaf young people have recently been successfully supported by the team.

### Victim Support

Victim Support offers emotional and practical help to victims of crime. The organization can offer support with a wide range of issues, such as crime prevention, compensation and court appearances. As well as the main office, there are outreach services across the borough at a variety of venues. The majority of these sites are accessible. The Victim support website gives clear information regarding access and asks

for people to discuss access needs when making an appointment.



# SECTION 12: RECOMMENDATIONS

## Police and Community Safety

### Monitoring

• *Monitoring of hate crime against disabled people needs to take place across the borough*

### Access and Inclusive environments

• *The Police should carry out an access audit of all police stations and other relevant organisations within the borough*

*Budget allocation should prioritise improving inclusion*

### Information

• *There should be a review of information such as posters etc to ensure that they are inclusive of disabled people*

### Training

• *All police officers and front line staff should receive Disability Equality Training*

### Outreach

• *The Police and/or the Community Safety Team should undertake outreach to disabled people and their organisations around crime prevention*

# SECTION 13:
# Summary of all Recommendations

## OVERARCHING RECOMMENDATIONS

### Demographic Data Collection

• Better joined up information gathering needs to occur so that a clearer picture of the disabled community exists, so that gaps in need etc. can be highlighted and prioritised

### Management, Infrastructure and Implementation

### Key People

• There should be a named person in authority within every organisation to take lead responsibility for ensuring that recommendations are implemented within their own fields of work

### Modelling Good Practice

• Members of the KCP and other key stakeholders should model good practice in involving disabled people and should be champions of inclusion in all their work

### Policy

• All new policy work which will potentially affect disabled people should involve disabled people from the start (through consultation with their local organisations or forums – see below)

• All policy should explicitly refer to actively working towards the inclusion of disabled people

• All policy and procedures should be firmly rooted in the Social Model of Disability

### Consultation

• Stakeholders and organisations should use a variety of accessible means to genuinely consult with disabled people

• An independent consultation forum should be established and facilitated, which can be accessed by a range of public bodies and organisations

### Recognising and rewarding good practice

• Review of provision should address ways of incentivising effective delivery of services which meet the needs of disabled people

• Awards scheme for good practice should be supported by key partners

## The Built Environment – physical access

### Audits

• Where possible, key people within organisations (or infrastructure agencies), should take responsibility for commissioning access audits of all existing facilities and buildings. These audits should be carried out by qualified access expert.

• These audits should consider physical and communication barriers for ALL disabled people

• ADKC should set up a data base of accessibility within the borough. Data collected by individual organisations should be copied to ADKC

• An information and access website should be produced in order to make this information public

### Budget Allocation

• Improving physical access to buildings and services should be prioritised in all budget planning

### Planning

• Inclusive design in all developments should be prioritised in the new Local Development Framework

• Access statements should be required for ALL developments

• Licensing of premises should be subject to satisfactory access considerations

### Feedback, review, evaluation

• For statutory and large organizations a complaints 'hot line' should be established and publicised widely to enable members of the public to report access problems and obstructions

• There should be clear standards for actioning complaints

## Attitudes and Awareness

### Training

• ALL staff, policy & decision makers (both top down and bottom up) should receive Disability Equality Training (DET) and other specific disability related training where appropriate. This training should be led by a disabled trainer or trainers

• An appropriate user led training provider should be identified and budgets pooled to get best value

## Service Delivery

### Flexibility of service delivery

• Where the built environment is not currently inclusive of disabled people, service providers should agree and advertise other ways of providing services, e.g. home visits, email etc

• All suppliers and contractors working for KCP members should have an equal opportunities policy and should be able to demonstrate that they are meeting the requirements of the DDA

## Information

### Accessible Information

• All organisations should review current information provision to ensure that all information is inclusive of ALL disabled people

• All organisations should ensure that they are able to provide published information in all accessible formats on request

### Communication

• All organisations should encourage the employment of staff with additional communication skills, such as BSL, and should invest in training staff members

• Contracts should be sought with Interpreting Agencies in order to ensure fast and effective booking of interpreters for deaf people

### Technology

• *Modern technology should be used wherever possible to enhance communication and inclusion (service delivery can become more flexible through use of technology such as textphones, emails etc)*

• *Websites should be reviewed to meet the Bobby standards (national access standards)*

### Information regarding access

• *All information about services should include clear information regarding access. This should include parking, level access, toilet facilities, interpreters, assistance available etc.*

• *RBKC, PCT and Chamber of Commerce to review websites with this in mind*

# SECTION 3: RECOMMENDATIONS

## Social Care

### Early Intervention

• *Families with disabled children should be supported to understand the Social Model of Disability*

• *Families with disabled children should be referred to user-led organisations at an early stage for support.*

• *Establishment of a peer mentoring project for disabled children and young people.*

### Assessments

• *Assessments should appropriately meet disabled people's additional day-to-day requirements to help them overcome barriers, rather than health and social care structures which use resources in ways which maintain and create dependency.*

• *All involved agencies should work towards single assessments.*

### Partnership working and individualised budgets

• *Flexible, joined up assessments which address disabled people's complex needs.*

• *Pooling resources across health, social services and other agencies to provide individualised budgets. This would enable the delivery of support, equipment and/or adaptations in a way that properly supported independent living.*

### User-led Organisations

• *Local Authorities should support local user–led organisations of disabled people and recognise them as an essential resource in supporting disabled people towards independent living*

### Specialist services

• *While inclusion is being developed, there needs to be continued funding of essential services within the community (e.g. shopping services through KCCT and Sixty Plus, Plus Bus and Meals on Wheels).*

• *Commissioning of services should have the base line of the Social Model of Disability*

## Housing

### Audit of Housing stock

• *A register of accessible properties and potentially accessible void properties within the borough should be devised.*

### Policy

• *All housing policies should include specific reference to targets for inclusion.*

### Consultation/Involvement

• *Disabled people, through work with local organisations of disabled people should be involved in all housing initiatives such as neighbourhood renewal, housing market renewal, low cost home ownership and the key worker housing schemes.*

### Housing/Transfers

• *A comprehensive review of the priority / points system for housing using the Social*

Model of Disability, to ensure that it is effective in meeting the increasing needs of disabled people.

### Disabled Facilities Grants

• The system for Disabled Facilities Grants should be reviewed, so that there is realistic budget allocation and transparent consideration of the possible consequent costs for other services resultant from failure to provide, or delays in providing equipment.

### Adaptations

• Timely and genuine consultation with disabled residents must take place when properties are adapted, to ensure that supposedly 'accessible' housing is usable.

### Lifetime Homes

• There should be a commitment to exceeding minimum requirements in creating lifetime homes, i.e. homes that can be changed with people's changing needs.

### Health

### Management and Training

• Staff motivation to improve services for disabled people needs to be led from the top by a management team that is determined to offer a high quality of services to all patients.

• Commitment needs to be backed up with policy, practices and procedures that reward evidence of good service quality.

• Appropriate, user-led Disability Equality Training and, where appropriate, Disability Awareness Training, should be delivered to all staff including owners, clinicians and managers. Priority groups for initial training are usually those who have first contact with patients and customers such as receptionists, switchboard operators, practice nurses and therapists, doctors & GP's.

### The built environment

• The PCT should complete a comprehensive audit of current direct health care provision

• There should be realistic future budget allocation for access improvements

### Communication

• Improved use of technology is recommended by RNID. Given the shortages affecting the supply of interpreters the alternative of remote video based interpreting needs to be more widely promoted and taken up.

• The establishment of Deaf-friendly GP surgeries, which could be widely promoted in the PCT areas and enable good service access through GP staff with a specialist interest in deafness. This would not raise the service standards everywhere but contribute to targeted improvements.

### Flexible Service Delivery

• The PCT should ensure provision of reliable home visiting by community-based services (GPs, chiropodists etc), in particular where service premises have limited or no access.

# SECTION 4: RECOMMENDATION

### Education

### Management and Training

• Staff motivation to improve services for disabled people needs to be led from the top by a management team that is determined to offer a high quality of services to all students

• Commitment needs to be backed up with policy, practices and procedures that reward evidence of good service quality

• Appropriate, user-led Disability Equality Training and, where appropriate, Disability Awareness Training, should be delivered to all management, teachers and other staff

### Accessible and inclusive environments

• The Education Department & Community Education should carry out an access audit

of all educational and training facilities within the borough

• This review of access to also take into account people's transport, equipment and communication needs

• Budget allocations need to prioritise accessibility of mainstream facilities, in order to better meet the policy of inclusion

• Ensure that the planning committee takes account of accessibility when approving the design for the new Holland Park School.

### Communication and Support

• Consideration should be given to educational and access needs of deaf children/adults and how these can be met within a policy of inclusion within mainstream provision

• Each educational establishment should have a named person who is responsible for ensuring that the additional support needs of disabled students are met

• Disabled children and young people should have access to a peer mentor project

### Flexible Service Delivery

• Education establishments should look at reorganising the location of classes and education provision to accessible areas of buildings in the short term

# SECTION 5: RECOMMENDATIONS

### Employment

### Partnership working

• The Welfare to Work Joint Investment Plan needs to be resurrected, updated and actioned

### Advice and Support

• The introduction of a Jobcentre Plus in the north of the borough with specialist support worker

• Connexions and the Information, Advice

and Guidance Partnerships should have the ability to provide specialist advice to disabled people, either by making sure that their mainstream advisors have the right skills, or through specialist advisers for disabled people

### Modelling good practice

• Statutory services should work as models of good practice and actively employ disabled people into all roles, including management

### Creating opportunities

• Kensington Recruitment to work in partnership with the statutory and public sectors to increase employment opportunities for disabled people

# SECTION 6: RECOMMENDATIONS

### Young Disabled People and Transition

### Partnership working and Continuity

• There needs to be improved continuity in delivery from child and adult services. In the longer term, individualised budgets would allow more seamless services. At present, however, children's and adult services should overlap to remove the 'cliff-edge' experienced by many young people

### Co-ordinated advice service

• Connexions to appoint a specialist worker who has a thorough understanding of the Social Model of Disability and who is able to coordinate the transition process for disabled young people

• Transition Planning Procedures from Education, Connexions, Social Services and other relevant agencies need to be made more explicit and be better co-ordinated with one another

### Training

• All staff within youth and transition services

need appropriate user-led training in Disability Equality issues and the Social Model of Disability.

### Social Networks and Peer support

• *Disabled children and young people, including those who attend day schools out of the borough, should be encouraged to take part in after school activities in mainstream schools and youth clubs within the borough, in order to facilitate building networks/friendships with disabled and non-disabled peers*

• *Young disabled people should have access to a peer mentoring project*

# SECTION 7: RECOMMENDATIONS

### Leisure & Recreation

### Contracts

• *Where Leisure services are contracted by the Council, these should require management to have a focus on inclusion*

### Information and Guidance

• *A guide should be designed and published for different types of leisure facilities (shops, restaurants, pubs and bars, clubs and music venues, cinemas, theatres etc.)*

• *These publications should give practical guidance on how to become inclusive of disabled people. The guides should signpost service providers to useful sources of information and expertise in their area of work. They should also actively promote Disability Equality Training for management and staff*

• *These guides should be published and distributed to all commercial and community leisure providers to encourage improved access and inclusion*

### Good Practice

• *A portfolio of models of good practice should be built up. These can be promoted*

used to support new developments

• *An awards scheme should be introduced to recognise good practice*

### Training

• *All staff in community and commercial leisure organisations should receive Disability Equality Training*

### Planning and Licensing

• *Planning permission should only be granted to premises that have included an access statement which fully addresses the needs of disabled people*

• *The Planning Department to lead on monitoring accessible developments*

### Shopping

• *Shopmobility schemes should be introduced in High Street Kensington, Portobello Road, Kings Road and Knightsbridge*

### Restaurants and Pubs

• *Licensing should only be granted on provision of a satisfactory access statement*

• *Licenses should only be granted for café furniture on the street which does not restrict access*

### Cinemas

• *Cinemas within the borough should be encouraged to offer subtitled screenings of every film. This would benefit deaf people and hard of hearing older people.*

### Parks

• *Consultation should take place with families with young disabled children. This could be facilitated by organisations such as 'Full of Life'*

• *Audio description of facilities within Holland Park would be useful for visually impaired visitors*

### Sports Centres

• *Sports Development should take lead responsibility for carrying out an access audit of current sports facilities within the borough*

• *Funding and focus should encourage inclusion, wherever possible*

• *Kensington Sports Centre needs to be made fully accessible*

• *There could be an increased range of accessible sports across the borough.*

### Youth Centres

• *All Youth Centres should emulate the good practice established by Lancaster Youth. This would help to ensure that young disabled people can access good quality youth services within their own local community*

### Volunteering

• *Infrastructure volunteering organisations should work with mainstream placements to further broaden volunteering opportunities for disabled people*

# SECTION 8: RECOMMENDATIONS

### Information, Communication & Information Technology

### Training

• *All management and staff should receive appropriate user-led Disability Equality Training*

• *Staff should be encouraged to take up training in areas such as BSL*

### Communication

• *General Information providers and key partners should explore the feasibility of video links between services and BSL interpreters. These video interpreting stations would be ideally placed within Council, Health and Information/Advice services (such as CAB)*

• *All information providers should employ front-line staff with additional communication skills (e.g. BSL)*

• *Contracts with Interpreting agencies should be established to ensure fast booking of interpreters when necessary*

### Information

• *Organisations should review current information and ensure that all information is inclusive. All written information produced should be provided in accessible formats. This should be widely advertised*

• *The talking newspaper service should consider ways in which the service could be broadened to provide a taping system for information providers*

### Access to Computers

• *IT providers should acquire software to enable visually impaired people and people with learning difficulties to access computers*

### Uptake of service and monitoring

• *All information providers should actively outreach to disabled people*

• *Information providers should monitor use of services by disabled people and this should be reviewed annually*

# SECTION 9: RECOMMENDATIONS

### Transport

### Individual Assessments

• *Transport and mobility needs should be included in needs assessments. Proposed individual budgets could help to meet some transport needs (for example where someone needs confidence-building to use public transport)*

### Public Transport

### Consultation and Involvement

• *A transport user-group should be set up by the Council, to ensure that the barriers faced by disabled people when accessing public transport are effectively recognised*

• *This user-group should recruit people across the full range of ages and impairments*

• *The transport user group should be led by a person who represents the borough on transport issues at a strategic level, thus having a direct link between providers and users*

## Specialist Transport Provision
### Transport as a barrier to Independent Living

• *Wherever possible, disabled people should be able to access mainstream transport provision as it is recognised that specialist transport provision can only offer a limited, restricted and inflexible service, which does not support full independent living*

• *Specialist transport provision should provide a high quality service to those disabled people who will never be able to access mainstream provision*

• *Needs assessments should take transport requirements fully into account*

### Contracts

• *Statutory services should ensure that contracts for specialist transport provision are well resourced, staffed and reliable as these are currently a key to independent living*

### Taxicard

• *It is recognised that Taxicard is a positive and empowering service and the Council should consider building on this*

• *The PCT should explore ways in which the Taxicard service could be utilised to support disabled people's access to health*

## Parking
### Consultation and Guidelines

• *Review design of parking bays, in partnership with disabled people and their organisations to ensure bays are usable by unaccompanied drivers*

• *Standardise parking bay sizes in line with agreed guidelines (above)*

### Increased Parking

• *The location of bays needs to be carefully considered for access needs*

• *There needs to be an increase in the number of bays in the north of the borough*

• *There should be a partnership with Westminster Council to allow reciprocal parking arrangements between the two boroughs' disabled badge schemes (Purple and White Badges)*

## Public Spaces
### Consultation/Involvement

• *Any new streetscape developments should thoroughly consult with disabled people and their organisations at the point of planning and design*

• *People with visual impairments need to be consulted around the use of tactile pavement, warnings and lighting*

### Complaints/Monitoring

• *Promote the Council leaflet, 'Problems in Your Street', together with a helpline and complaints system, so that disabled residents and their organisation's are encouraged to contact the council about obstructions, damage and other streetscape problems and dangers*

• *The 'considerate contractors' scheme' should be carefully monitored, to ensure that building sites do not cause obstruction to the pavements*

### Pavements and Curbs

• *All drop curbs need to be reviewed to ensure they are in-line with the recommended gradient of 12:1*

• *Warning systems (such as tactile paving) needs to be introduced where there is permanent street furniture, such as café tables and chairs. The cost of this could be passed onto premises' owner*

• *Commercial businesses should be penalised for causing obstructions to visually impaired and other disabled people, (e.g.*

by leaving black bags on pavements etc.)

• The borough should have a zero-tolerance policy on pavement cycling and skateboarding

### Trees and Hedges

• Ensure management of street foliage is maintained, especially during the summer, to ensure that trees, hedges (especially Holly), and weeds are controlled and do not obstruct passage for disabled pedestrians.

### Toilets

Information about toilets:

• Ensure all local area maps displayed on streets indicate the location of accessible toilets.

• All general information which concerns the location of toilets should indicate whether there are accessible toilets

• The RBKC Council website should list all accessible toilets within the borough.

Radar Key Scheme:

• Council offices should promote the Radar Key Scheme to disabled members of the public and should be a point of sale for Radar Keys

# SECTION 10: RECOMMENDATIONS

### BME Organisations

### Access audits of facilities

• Community Relations Section to take lead responsibility for managing access audits of all BME organisations' premises in partnership with the Forum of Faiths and MRCF

### Training

• There should be Disability Equality Training for Community Leaders and staff

### Outreach and support for disabled people

• Community Leaders/organisations should

actively encourage the inclusion of disabled members.

• Community Leaders/organisations to build awareness of information, advice and support services within the borough. This will enable them to better support families.

• ADKC and other disability organisation should actively outreach to BME community groups to increase understanding of the issues and to increase awareness about the Social Model of Disability and Disability Rights

### Policy

• All policy which affects disabled people should take into account multiple discrimination experienced by BME disabled people

### Service Provision

• Organisations of disabled people and agencies who work with disabled people, should take a multi-cultural and anti-racist approach to service planning and delivery to ensure the inclusion of BME disabled people

# SECTION 11: RECOMMENDATIONS

### Voluntary and Community Sector

### Access audits of facilities

• Community Relations Section to take lead responsibility for managing access audits of all Voluntary, Community and Faith organisations' premises in partnership with the Forum of Faith and MRCF

### Training

• There should be Disability Equality Training for Community and Religious Leaders and their staff.

### Outreach and support for disabled people

• *Community and Religious Leaders/organisations should actively encourage the inclusion of disabled members*

• *Community and Religious Leaders/organisations to build awareness of information, advice and support services within the borough. This will enable them to better support families*

• *ADKC and other disability organisation should actively outreach to Voluntary, Community and Faith groups to increase understanding of the issues and to increase awareness of the Social Model of Disability and Disability Rights*

### Policy

• *All policy which affect disabled people should take into account multiple discrimination experienced by BME disabled people and disabled people of different faiths*

• *The Management Committees of Voluntary Organisations should reflect the local community and actively recruit disabled people onto their committees*

### Service Provision

• *Organisations of disabled people and agencies who work with disabled people, should take a multi-cultural and anti-racist approach to service planning and delivery to ensure the inclusion of disabled people of different faiths*

# SECTION 12: RECOMMENDATIONS

### Police and Community Safety

### Monitoring

• *Monitoring of hate crime against disabled people needs to take place across the borough*

### Access and Inclusive environments

• *The Police should carry out an access audit of all police stations and other relevant organisations within the borough*

• *Budget allocation should prioritise improving inclusion*

### Information

• *There should be a review of information such as posters etc. to ensure that they are inclusive of disabled people*

### Training

• *All police officers and front line staff should receive Disability Equality training.*

### Outreach

• *The Police and/or the Community Safety Team should undertake outreach to disabled people and their organisations around crime prevention*

## Appendix 1
# Demographics

Kensington and Chelsea has a resident population of approximately 160,000. It is a long, narrow north-south borough, which covers 18 electoral wards. Kensington and Chelsea has one of the fastest growing populations in England.

**Ethnicity**

The ethnic make up of Kensington and Chelsea is very diverse (21.4% from ethnic minorities) and there is a large variation between wards. The percentage of residents born outside of the UK (45%) is higher than London and England averages. And the proportion of the population from BME groups varies considerably between electoral wards; Golborne has the highest (44%) and Stanley the lowest (10%).

Recent figures suggest that more than 100 languages are spoken by people in Kensington and Chelsea. The most common first language, other than English, is Arabic.

**Poverty**

In June 2005, there were 2651 unemployed people in Kensington and Chelsea. This is equivalent to 2.1% of the working age population. This is less than the London average of 3.3% and is close to the English average of 2.3%.

The unemployment figure is nearly twice as high in men as in women, and ranges considerably across wards from 0.7% in Queens Gate to 6.4% in Golborne. The wide variation in household income is

highlighted by the fact that approximately 50% of children resident in Kensington and Chelsea attend fee-paying schools, yet 41% of pupils in state primary schools are eligible for free school meals.

According to the Index of Multiple Deprivation 2004 Golborne and St Charles' contain areas which are amongst the 10% most income deprived in England, while six wards – Notting Barns, Colville, Norland, Holland and Cremorne contain areas that are in the 20% most income deprived. There are high levels of child poverty in some wards within Kensington & Chelsea. In Golborne ward, 20% of residents aged 16–59 are on income support and of those 37% are of those are lone parents.

The proportion of pensioners in Kensington and Chelsea receiving income support is lower than the Inner London average. However, the proportion was above average in the following wards: Golborne, Colville, St Charles', Avondale, South Stanley and Earls Court.

**Health**

The residents of Kensington and Chelsea generally enjoy good health, compared to elsewhere in England and Wales. There are,

however, significant health inequalities between wards within the borough.

Results from the most recent census indicate that the majority of Kensington and Chelsea's eighteen electoral wards exhibit a high level of good health. However, the 'spread' of health across the borough is vast, with an estimated 'gap' in life expectancy of five years between the worst ward and the borough average, and twelve years between the worst and best wards. Several wards consistently under-perform in comparison to London on a range of health indicators. These wards are Golborne , St Charles, Notting Barns and Colville (which have higher than the English average for premature mortality The level of reported poor health in Golborne ward is the fifth highest in London and the wards mentioned above plus Cremorne are in the worst 20% in London on this measure. With the exception of Cremorne, these wards are located in the north of the borough.

### Education

Kensington and Chelsea's residents have high levels of qualifications. According to the most recent census 51% have a degree or higher – (half of all residents on average and up to two thirds in Campden ward?). Levels of adult literacy and numeracy are higher than the Inner London averages. In Kensington and Chelsea, the proportion of adults with low or very low levels of literacy is 14% and the proportion with low or very low levels of numeracy is 30% compared to the (Inner?) London averages of 18% for literacy and 33% for numeracy. However, according to the Index of Multiple Deprivation 2004, six of the wards in the borough have areas which fall into England's 40% most educationally deprived (Golborne, St Charles, Notting Barns, Campden, Earls Court and Cremorne).

### Housing

Average house prices in Kensington and Chelsea are the highest of any borough in the country, opening a poverty gap for those not eligible for assistance with housing but not sufficiently wealthy to live with a degree of comfort.

Kensington and Chelsea is also the most densely populated of the nation's boroughs and this is reflected in poor living conditions for some households located across most of the borough's wards; housing with shared facilities is a reality for approximately one in 80 households, as is overcrowding for one in three.

The percentage of pensioner households with a lone pensioner is 85%.

### Disability

Estimates of the number of disabled people who live or work in the borough vary greatly as there is no consensus around an exact definition of what constitutes a disabled person. Noting these problems of definition, the Council's 'Strategy for Service Provision to Adults with a Physical and/or Sensory Disability 2002–2005' drew on a number of other surveys to reach a very approximate figure of between 5,000 and 21,000 disabled people aged 18–64 living in Kensington and Chelsea.

# Appendix 2
# ADKC Membership Survey Results

## 1.   ABOUT YOUR ACCESS NEEDS

**1.1    Do any of the following limit your access to local services or facilities**
(please tick all that apply)

| | Sometimes | Often |
|---|---|---|
| Lack of/shortage of suitable transport | 99 | 47 |
| Lack of information on local services | 85 | 47 |
| Being a wheelchair user | 33 | 44 |
| Needing somebody to accompany you | 84 | 57 |
| Lack of finance | 72 | 57 |
| Problems getting into buildings etc. | 61 | 52 |
| Lack of parking | 41 | 53 |
| Lack of facilities within buildings: Toilets, phones, lifts etc | 72 | 49 |
| Difficulties in understanding other people or making yourself understood | 60 | 24 |
| Attitudes of other customers/service users | 70 | 16 |
| Attitudes of staff | 65 | 15 |

**1.2    Are there any particular venues where you would like improved access?**
(please tick all that apply)

| | | | | | |
|---|---|---|---|---|---|
| Local pubs/clubs | 66 | Theatres/music venues | 76 | Youth Clubs/Play spaces | 17 |
| Restaurants | 92 | Cinemas | 76 | Workplace | 22 |
| Places of Worship | 45 | Council offices | 59 | School/college/educational facility | 47 |
| Sports facilities | 59 | Individual Shops | 92 | | |
| Dentist/Optician | 71 | Shopping Centres | 61 | DSS Office/Job Centre | 31 |
| Clinic/Doctor's Surgery/Hospital | 63 | Libraries | 68 | Please specify | |
| | | Voluntary organisations | 40 | | |

**1.3** **Have you received an access guide for disabled people?** (please tick)

YES | 52 | NO | 239 |

If YES, which publication (please specify)........................................................................................................

Please tell us, how helpful it was?

Very | 44 | Quite | 19 | Not very | 5 | Not at all | 3 |

If you do not feel it was helpful enough,
please tell us what extra or better information you would like:.............................................................

**1.4** **Would any of the following help you to become more independent**
(please tick all that apply)

| Suitable transport | 138 |
| Improved physical access | 116 |
| Accessible information | 123 |
| More personal assistance | 117 |
| Improved attitudes | 105 |

**1.5** **Which forms of transport do you regularly use:** (please tick all that apply)

| Car - independently | 44 | 1 | Overground trains | 54 | 5 |
| Car - dependent on others | 92 | 2 | Dial-a-Ride | 57 | 6 |
| Taxicard | 123 | 7 | Community Transport | 21 | 9 |
| Community Car Scheme | 29 | 8 | None | 3 | 10 |
| Bus | 173 | 3 | Other **SEE SEPARATE DATA** | | 11 |
| Underground | 96 | 4 | | | |

Please give the number for the one that you use most often ....................................................................

**1.6** **Overall, do you think access to local services is better or worse than 5 years ago?**

Better | 112 | About the same | 133 | Worse | 33

Please tell us why?...............................................................................................................................

# 2. ABOUT YOURSELF

**2.1** **Are you in paid work?**

YES | **41** | NO | **250**

If YES, are you working:

| | |
|---|---|
| Full-time paid work | **13** |
| Part-time (less than 30 hours) | **6** |
| Part-time (less than 16 hours) | **12** |

What is the nature of your paid work?: .............................................................................................

**2.2** **If you are not in paid work, tick which of the following apply?**

| | |
|---|---|
| At home | **127** |
| At home with dependents | **29** |
| At school/college/university/other training | **26** |
| Looking for paid work | **29** |
| Doing full time voluntary work (30 hours/week or more) | **2** |
| Doing part time voluntary work (under 30 hours/week) | **7** |
| Doing part-time voluntary work (under 16 hours/week) | **21** |
| Retired | **80** |

Other – please specify...........................................................................................................................

**2.3** **Do you have any particular concerns about work related or education/training issues?**
(please tick all that apply)

| | | | |
|---|---|---|---|
| None | **96** | Physical access | **41** |
| Transport difficulties | **40** | Inflexible hours | **31** |
| Effect on benefit entitlement | **42** | Communication difficulties | **27** |
| Lack of appropriate skills | **35** | Attitudes in the workplace | **36** |
| Need for personal assistance | **47** | None | |
| Personal energy levels | **70** | | |

Other...................................................................

**2.4** **Would you be interested in receiving support around:** (please tick all that apply)

| | |
|---|---|
| Getting paid work | **69** |
| Getting voluntary work | **43** |
| Gaining access to further education/training opportunities | **71** |
| None of the above | **125** |

**2.5** **Do you have access to the internet?** (please tick all that apply)

| | |
|---|---|
| None | **241** |
| Home | **97** |
| Work | **18** |
| School/College | **22** |
| Club | **10** |
| Community Project | **7** |

**REMINDER: Information you supply in this questionnaire is confidential and will help us to campaign on your behalf. If, however, you feel that any of the following three questions are too personal, then you do not need to answer them and go to question 2.9.**

**2.6** **Are you currently getting any of the following:**

Disability Living Allowance Mobility Component:

| | |
|---|---|
| **Low rate** | 42 |
| **Medium rate** | 25 |
| **High rate** | 97 |

Disability Living Allowance Care component:

| | |
|---|---|
| **Medium rate** | 69 |
| **High rate** | 39 |

| | |
|---|---|
| Disability Tax Credits | 12 |
| Incapacity Benefit | 53 |
| Severe Disablement Allowance | 35 |
| Income Support | 92 |
| Housing Benefit | **114** |
| Retirement Pension | 72 |
| Other Pension | 24 |

**2.7** **Do you have any savings?** (please tick)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| None | **141** | Under £8,000 | **64** | Under £16,000 | **19** | £16,000 + | **13** |

**2.8** **What is your annual gross income?** (please tick)

| | | | | |
|---|---|---|---|---|
| £0 - £5,999 | **81** | | £15,000 - £19,999 | 7 |
| £6,000 - £9,999 | **19** | | £20,000 - £29,999 | 9 |
| £10,000 - £14,999 | **8** | | £30,000 + | **33** |

**2.9** **What age group are you?** (please tick)

| | | | |
|---|---|---|---|
| Under 18 | **9** | 40-64 | **129** |
| 18-25 | **18** | 65 - 79 | **44** |
| 26-39 | **33** | 80 + | **37** |

**2.10** **Are you:** Male **110** Female **165**

**2.11** **How would you describe your ethnic group?** ........................................................................

If you would describe yourself under any of the ethnic categories below, please tick:

| | | | |
|---|---|---|---|
| White - British | **148** | Pakistani | **2** |
| White - Irish | **12** | Bangladeshi | |
| White - Other | **36** | Asian - Other | **13** |
| Black - Caribbean | **12** | Chinese | **1** |
| Black - African | **11** | Not known/prefer not to say | **8** |
| Black - Other | **4** | Other, please say | **19** |
| Indian | **13** | **SEE SEPARATE DATA.** | |

**2.12** **What is your first language/mother tongue?** ........................................................................

**2.13** **Are you living:** (please tick all that apply)

| | | | |
|---|---|---|---|
| **With parents/guardian** | 31 | **With friends** | 2 |
| **With a partner** | 64 | **In a hostel/group home** | 4 |
| **With your/your partner's child[ren]** | 29 | **Sheltered/warden assisted** | 22 |
| **Alone** | 141 | **Other – SEE SEPARATE DATA** | 6 |

**2.14  Are you able to move around independently within your home:**

YES  244    NO  41

If NO, please tell us why not: ......................................................................................................... .

**2.16  Please give the first 4 characters of your postcode.**
**So we can see which part of the borough you live in:**

**2.17  Please tell us about the nature of your impairment:** (tick all that apply)

| | | | | |
|---|---|---|---|---|
| Blind/visual impairment | 54 | Other physical impairment | 78 |
| Deaf/hearing impairment | 38 | Mental health | 25 |
| Wheelchair user | 72 | Learning difficulty | 16 |
| Mobility impairment | 138 | Hidden impairment | 78 |
| | | (e.g. HIV/Epilepsy/Diabetes etc.) | |

**2.18  Do you prefer to:** (please tick your preference)

| | | | | |
|---|---|---|---|---|
| Participate in group activities | 40 | Go out with a friend | 37 |
| Go out with family | 70 | Go out with carer/volunteer | 12 |
| Go out alone | 20 | No single preference | 16 |

# 3.    ABOUT ADKC

**3.1    Have you made contact with ADKC?**

YES  229    NO  62

**3.2    Have you been to the ADKC Centre?**

YES  | 186 |          NO  | 105 |

**If NO, is there a reason which has prevented you from using it?** (please tick all that apply)

| No reason to contact ADKC/visit Centre | 30 |
| ADKC has visited me | 16 |
| Got help needed on the telephone | 19 |
| Location is difficult for me | 22 |
| Transport difficulties | 24 |
| Get support from other organisation(s) | 12 | Which one(s)?........................................... |

Please tell us any other reason for not attending/contacting ADKC:...........................................

**3.3.1  Please tell us about the ADKC services you are aware of or have used:**
(please tick all the relevant boxes)

| | Aware | Used | |
|---|---|---|---|
| Information and advice service | 114 | 115 | 1 |
| Disability Equality Training | 63 | 17 | 2 |
| Independent Living Project | 66 | 24 | 3 |
| Young People's Project | 65 | 10 | 4 |
| Counselling | 70 | 8 | 5 |
| Massage & Therapies | 102 | 30 | 6 |
| Wheelchair Loan Scheme | 77 | 13 | 7 |
| Weighing Scales | 40 | 5 | 8 |
| Members' Forum | 70 | 13 | 9 |
| Lifelong Learning Project | 53 | 17 | 10 |
| Passport Photo Scheme | 79 | 23 | 11 |
| IT Course | 78 | 20 | 12 |
| Internet Café | 82 | 13 | 13 |
| Newsletter/tape (Newsflash) | 101 | 67 | 14 |
| Workshops/Seminars | 66 | 18 | 15 |
| Yoga classes | 74 | 12 | 16 |
| Volunteer Project-Help, One-to-One, Fundraising events | 69 | 25 | 17 |

If you have used more than three, please give the numbers of the three most important to you:........................................... .

If anything specific has prevented you from using a service that you would like to use, please give details:...........................................

**3.4    If you have met any ADKC staff, how helpful have you found them?**

| | | | | |
|---|---|---|---|---|
| Not applicable | **42** | No comment | **6** |
| Very helpful | **165** | Not very helpful | **5** |
| Quite helpful | **39** | Not helpful at all | **2** |

**And how well have they met your needs?**

| | | | | |
|---|---|---|---|---|
| Not applicable | **42** | No comment | **14** |
| Very helpful | **131** | Not very helpful | **8** |
| Quite helpful | **54** | Not helpful at all | **4** |

**Do you have any other comments?**...............................................................................................

**3.5    What issues you think ADKC should be working on?** (please tick all that apply)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Campaigning | **115** | 1 | Access issues | **125** | 7 | Community Care assessments | **92** | 13 |
| Transport | **153** | 2 | Personal care/ assistance | **105** | 8 | Equipment and adaptations | **105** | 14 |
| Housing | **128** | 3 | Home care | **103** | 9 | Home maintenance | **91** | 15 |
| Benefits | **132** | 4 | Education | **99** | 10 | Parking | **101** | 16 |
| Wheelchairs | **81** | 5 | Reading and writing support | **84** | 11 | Personal social opportunities | **106** | 17 |
| Health care | **107** | 6 | Communication support | **95** | 12 | Other, please specify SEE SEPARATE DATA | | 18 |

If you have ticked more than three, please give the numbers of the three most important to you:..............................................................................................................................................

**3.6    Please tick the statements you agree with:**

|  | agree strongly | agree | No comment | disagree | disagree strongly |
|---|---|---|---|---|---|
| Disabled people can rely on ADKC to represent them | 79 | 119 | 83 | 8 | 2 |
| ADKC really listens to the views of its members | 58 | 122 | 105 | 3 | 3 |
| I would like to be more involved in ADKC than I am now | 31 | 82 | 146 | 28 | 4 |

**3.7    Please tell us about any other way that ADKC could help to meet your needs?**

......................................................................................    .............................................................................................

*Appendix 3*

# Social Model of Disability & Barriers to Independent Living

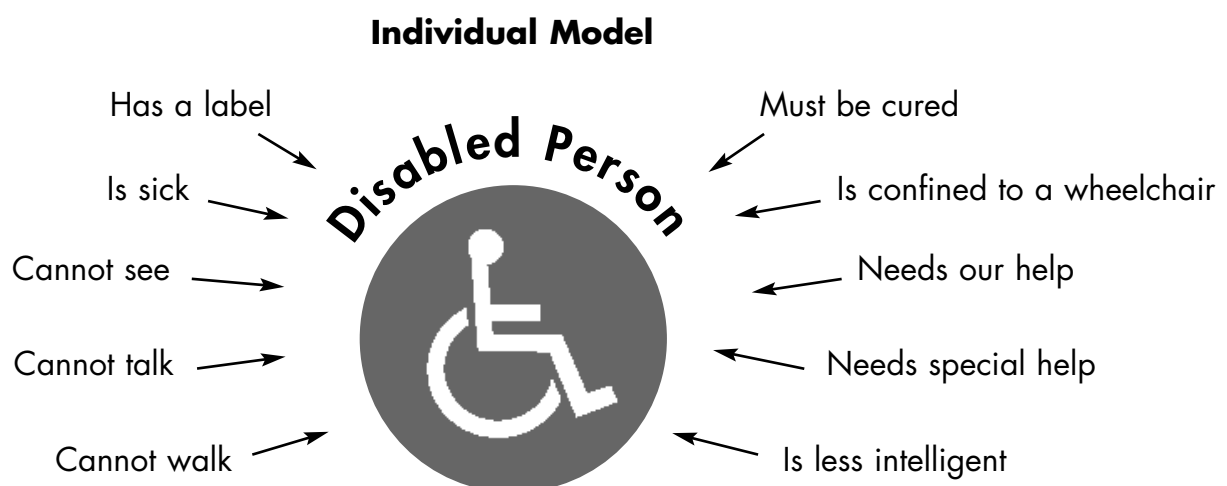## Models of Disability

### 1. Individual Model

In the past disabled people have been viewed as having a problem. Within the Individual Model there are two types of model:

**Medical Model**

This relates to the medical condition of an individuals impairment, e.g. Fatima cannot get up the stairs into the cinema because she has polio and uses a wheelchair.

**Charity Model**

This relates to disabled people being thought of as in need, so we should feel sorry for them and help them, e.g. Fatima cannot get up the stairs into the cinema because she uses a wheelchair so let us raise money on her behalf and have a special cinema for her and people like her.

**Individual Model**

Has a label

Is sick

Cannot see

Cannot talk

Cannot walk

Disabled Person

Must be cured

Is confined to a wheelchair

Needs our help

Needs special help

Is less intelligent

# 2. Social Model

Disabled people have come together and said that what actually stops them participating in the community are the barriers in society, e.g. Fatima cannot get into the cinema because the stairs are a barrier. Therefore the disabling factor is the stairs.

**Social Model**



Access to information

Housing

Building

Isolation

Non-inclusion

*Disabling World*

Transport

Poverty

Education

Prejudiced attitude

Negative

Poor job prospects
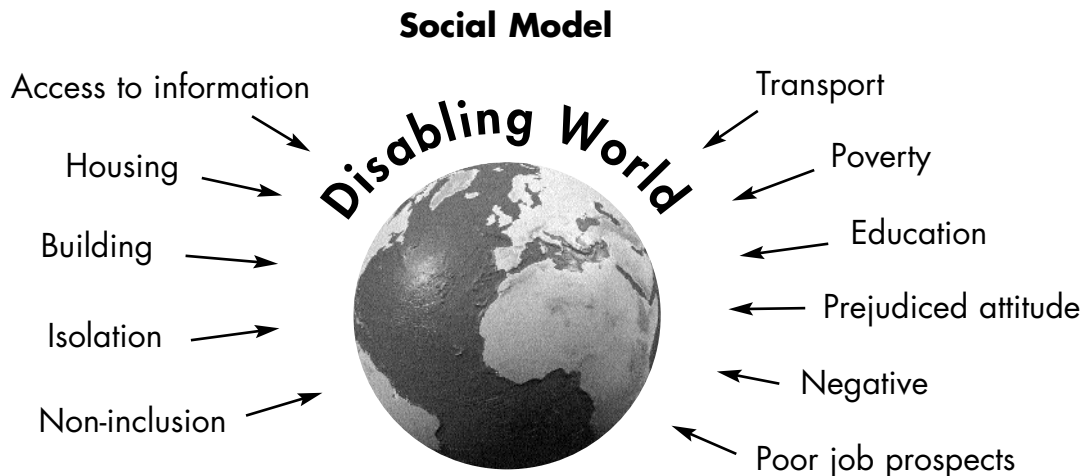
**Barriers Faced by Disabled People**

The barriers which disabled people face, and which can prevent them from playing their full part in society, have been grouped into three main forms: attitudinal, environmental and organisational.

### Attitudinal barriers

Attitudinal barriers arise from the way disabled people are viewed or treated by other people. This may arise from prejudice, ignorance, lack of education, fear, lack of confidence, indifference and so on. People fail to see the disabled person as an individual, but put a label on them, which then obscures the person and his/her attributes. Attitudinal barriers can occur when people:

• **Make assumptions about disabled people**: making decisions for disabled people rather than finding out from the individual about his/her needs and wishes. For example, assuming that 'a person carrying a white stick' will not want to look at a product before buying it. Some factors which contribute to these assumptions are:

- Lack of contact with disabled people

- Images of disabled people which have been 'fed' since childhood

- Commonly held misconceptions about disabled people that are myths

• **Act on stereotype images**: for example, telling a disabled person how 'brave' s/he is, or refusing to let premises to someone who has experienced mental illness because "such people tend to be violent"

• **Fail to treat disabled people equally**: for example by being rude, impatient, discourteous or even over-attentive. Sometimes shop assistants allow their embarrassment to interfere with serving a disabled customer. Other people may rush someone who has a speech impairment without trying to understand what s/he is saying

• **Go along with 'the Society of Perfection'**: treating, or at least seeing, people who look different as being in some way defective, less than a whole, ideal person - a view compounded by fashion advertising for instance. But, what is 'perfection' or even 'normal'?

• **Lack of understanding and awareness** – about disabled people and disability

• **Lack of contact with disabled people**: It is important to understand that there are a great many people who have little or no experience of living or working alongside any disabled person. Until recently it was usual for disabled children to be educated in separate schools. This prevented natural early contacts, and restricted out of school meetings too. In adult life disabled people are currently three times more likely to be unemployed than their non disabled peers, thereby reducing the chances of work- place and subsequent social contact.

**Environmental Barriers**

Environmental barriers exist in a physical world that is often designed without thinking of the needs of disabled people. They are very varied, but examples might be:

• **Barriers, which prevent the free movement of disabled people from place to place.** These include a lack of accessible transport for wheelchair users and those with mobility-related impairments; the absence of timetables for buses and trains in large print or in an easy-to-understand format; announcements only made verbally over loud-speakers; overcrowded buses which put additional stress on people with some mental health conditions; lack of adjacent parking with wide bays.

• **Barriers to free physical access to buildings**, which might include steps to entrance doors; doors which are heavy or awkward; no handrails for people to steady themselves; no tactile identification to enable people who cannot see to know they are in the right place; voice entry phone which cannot be heard by deaf people or reached by wheelchair users.

• **Barriers which prevent the free movement of disabled people within buildings**, such as poor signage, dim lighting or no colour contrast; lack of wheelchair accessible

toilets; cluttered aisles, unmarked obstacles, or just bad design features in handles, switches, etc.

• **Barriers which prevent equal access to services** such as counters or entry phones which are too high; information given only in certain formats such as on a monitor display; no textphones for deaf customers; nowhere to sit for people who cannot stand for long; complicated forms to fill in and no provision to complete them in other formats or with help.

**Organisational or Institutional Barriers**

Organisational or institutional barriers are created by society and organisations in making decisions or setting a policy that ignores or forgets the needs of disabled people. Examples might include:

• **Policies and procedures which do not take into account that disabled people have individual capabilities**, such as one banning anyone with epilepsy from a fairground ride; meeting arrangements which do not allow for the needs of people with diabetes to eat regularly; a decision not to let property to anyone who has been in a mental hospital.

• **Policies and procedures worked out for the 'smooth-running' of a business that might stop a number of disabled people using a service comfortably or at all:** such as a requirement to come in or to ring at certain times to make an appointment; arrangements for queue management that impede wheelchair access.

• **Policies and regulations, which are unthinkingly applied**, such as no wheelchair users 'because of fire regulations'; no guide dog 'because of hygiene laws'; no admittance to people who cannot hear 'because of safety rules'.

**Working to Remove Barriers**

As a start some key things to remember are to:

• Appreciate the strengths of disabled people as individuals – rather than their limitations

• Recognise the importance of disabled people as customers. Including their families means this may be up to 25% of the market

• Understand the needs of disabled people as individual customers and service users

• Communicate with and involve disabled people in breaking down the barriers

• Avoid stereotypes, assumptions, myths and misconceptions

**Myths and Misconceptions**

Myths can affect how people behave, even when they know it is only a myth - such as not walking under ladders, or not opening umbrellas indoors. Myths about disabled people likewise affect the way they are treated. For example:

**Myth**: Disabled people are dependent and need help

**Truth**: Being physically unable to do something does not cause dependency - not being able to fly is solved by using the services of an airline company. Disabled people may require different services and it is only when choice over those services is removed that dependency occurs.

**Myth**: The expectations of disabled people differ from others

**Truth**: Disabled people go to school, work, form relationships, do their washing, eat, get angry, pay taxes, laugh, cry, have prejudices, vote, plan, dream - like everybody else

# Appendix 4
# Disability Discrimination Act 1995

**Introduction**

The Disability Discrimination Act (DDA) aims to end the discrimination which many disabled people face. This Act gives disabled people rights in the areas of:

• employment

• access to goods, facilities and services

• buying or renting land or property.

The employment rights and first rights of access came into force on 2 December 1996; further rights of access came into force on 1 October 1999; and the final rights of access will came into force in October 2004.

In addition this Act:

• allows the Government to set minimum standards so that disabled people can use public transport easily.

**Northern Ireland**

The Act also applies in Northern Ireland.

**Disability Discrimination Act Part I – Definition of disability**

The Act defines a disabled person as someone with "a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities."

**Disability Discrimination Act Part II – Employment Provisions**

• The employment provisions apply to employers with 15 or more employees. The provisions, including those that require employers to consider making changes to the physical features of premises that they occupy, have been in force since December 1996.

• There are two ways in which an employer might unlawfully discriminate against a disabled employee or job applicant:

- by treating him or her less favourably (without justification) than other employees or job applicants because of his or her disability, or

- by not making reasonable adjustments (without justification).

A Code of Practice – "Elimination of discrimination in the field of employment against disabled persons or persons who have had a disability" describes and gives general guidance on the main employment provisions of the Act.

A print copy of this Code of Practice can be purchased from H.M. Stationery Office.

## Disability Discrimination Act Part II – Duties of Trade Organisations to their disabled members and applicants

Discrimination against disabled people by trade organisations is also covered by the DDA. This Code of Practice - to be found on the DRC website - explains the provisions in the Act and gives practical guidance on how trade organisations can prevent discrimination against disabled people. A print copy of the Code of Practice can be purchased from H.M. Stationery Office.

## Disability Discrimination Act Part III – Access to Goods and Services

• Part III of the DDA gives disabled people important rights of access to everyday services that others take for granted.

• Duties under Part III came into force in three stages.

- Treating a disabled person less favourably because they are disabled has been unlawful since December 1996.

- Since October 1999, service providers have had to consider making reasonable adjustments to the way they deliver their services so that disabled people can use them.

- The final stage of the duties, which means service providers may have to consider making permanent physical adjustments to their premises, came into force in 2004.

"Code of Practice – Rights of Access, Goods, Facilities, Services and Premises" is available from the Disability Rights Commission web site.

## The Disability Discrimination Amendment Act 2005

Recommendations made by the Government's Disability Rights Task Force have brought about significant amendments to the 1995 DDA. The new Act introduces a wide range of measures including new requirements for transport vehicles; extending duties on reasonable adjustments to landlords and others who manage rented premises; covering larger private clubs; extending the rights of disabled local councillors; and bringing people with other impairments such as HIV and multiple sclerosis into scope. A particularly significant amendment is a new duty placed on the public sector 'to promote disability equality' (this parallels the Race Relations Amendment Act).

Many Government publications can be purchased from:

The Stationery Office
PO Box 276
London SW8 5DT

Telephone: 0870 600 5522
Fax: 0870 600 5533

# Appendix 5
# The Legislative and Regulatory Framework

**The 1990 Town and Country Planning Act** (TCPA), Section 76 requires planning authorities to inform developers of the 1970 Chronically Sick and Disabled Persons Act (CSDP), upon the granting of planning approval. The Disability Rights Task Force has recommended that section 76 be revised, to reference the DDA.

**The Disability Discrimination Act** (DDA) Part Three came into effect on October 1st 2004. It requires service providers to take reasonable steps to overcome any physical barriers that make their services impossible or unreasonably difficult for disabled people to use. The Act itself carries no technical standard or guidance by which performance can be measured or monitored, although a link has been created between the DDA and Building regulations in England, Scotland and Wales. The DDA applies to the whole service or facility and how it is delivered.

See separate appendix for more information about the DDA

## Technical Standards

There are many technical documents available that give designers advice on how to ensure that a building is easily used by as many people as possible.

## British Standard 8300

The most recent advice on access for disabled people, British Standard 8300 'The design of buildings and their approaches to meet the needs of disabled people', was published in October 2001 (Ref 12). This code of practice gives comprehensive technical advice on a number of building elements, including the design of car parking, access routes, entrances, horizontal and vertical circulation, surfaces and communication aids, and facilities for residential and non-residential buildings. As well as providing technical specifications, it explains, by way of a commentary, the functional reasoning behind them.

It replaces the previous standards BS 5619:1978 'Access for the Disabled to Buildings' and BS 5619:1978 'Design of Housing for the Convenience of Disabled People'. The advice in the British Standard is not repeated here, but attention is drawn to the fact that it is significantly more comprehensive than the previous standards.

## Building Regulations

For many years, Building Regulations were the only form of statutory obligation on developers and building owners to consider

the access requirements of disabled people, when designing buildings. With regard to delivering an inclusive environment, however, they are extremely limited. By definition, they cannot extend to features outside the curtilage of the building, or to any feature that is not an integral element of the building.

The revisions made to the non-domestic provisions of Part M of the Building Regulations 2000, do however, signify a major step forward in setting minimum standards for new buildings by bringing the Approved Document in line with the British Standard BS 8300 2001.

More significantly the 2004 edition of the Approved Document M 'Access to and Use of Buildings' (Ref 13 – that gives guidance on how Part M can be complied with), applies to existing non-domestic buildings that are being altered or undergoing a change of use, so will have a substantial impact on the accessibility of existing non-domestic buildings.

Although these revisions have been welcomed by many disabled people, Part M cannot deliver a fully inclusive environment. For example, the current standards relating to new housing do not facilitate full independent living for disabled people.

The Government announced in March 2004 a review of Part M to consider whether Lifetime Home standards, or an updated version, should be included in the Building Regulations. There is to be further research to look at practical ways to deliver enough wheelchair accessible homes.

## Planning and Access for Disabled People

### Good Practice

The Office of the Deputy Prime Minister (ODPM) has published 'Planning and Access for Disabled People – A good Practice Guide' 2003 (Ref 5).

The first **Supplementary Planning Guidance** (SPG) for the London Plan was published in April 2004. This document is called 'Accessible London: Achieving an Inclusive Environment'. (Ref 6)

### Access Statements

Access statements are an essential part of the process to ensure that the Borough develops in a truly inclusive way. Preparation of an access statement starts at the project brief stage as an expression of intent, but as the project develops, the statement should be expanded to encompass planning, design, and management.

The access statement will be of particular significance in relation to alterations to existing buildings. It will, of course, be extremely difficult in some situations, to design a fully inclusive environment, due to structural or historical constraints. By preparing an access statement, the building owner or service provider will demonstrate that they have fully considered the access requirements of disabled people and have described how they intend to meet them.

### RBKC Council policy

Since 2004, the Council has required the submission of detailed access statements with ALL major planning applications. This is a very positive step towards addressing the issue of physical access.

### Technical Standards (see also appendix 7)

The minimum standards of reasonable provision are set out in:

• 'Access to and Use of Building' the 2004 edition of Part M of the Building Regulations 2000.

• BS 8300 2001 Code of Practice on 'The design of buildings and their approaches to meet the needs of disabled people' October 2001.

• 'Inclusivity Mobility' provides advice on access in the external environment.

Standards for the design of housing are outlined in section **3.2**.

The Disabled Persons Transport Advisory Committee's 'Access Directory' contains over 400 sources of information on access issues and reviews the scope and relevance of each one providing a one-stop-shop of access advice and information. (see www.dptac.gov.uk)

To address the specific access needs of visually impaired people the Royal National Institute for Blind People (RNIB) (www.rnib.org.uk) issued guidance in 1995 called 'Building Sight: A Handbook of Building and Interior Design Solutions – to include the needs of visually impaired people'. It gives advice on many aspects of the built environment, including colour and contrast, tactile paving and way finding.

The JMU Access Partnership, (a not-for-profit pan disability access consultancy supported by RNIB (www.jmuaccess.org.uk), produced the "Sign Design Guide" in 2001 jointly with the Sign Design Society, which gives comprehensive guidance on signs and promotes one sign for all, enabling everyone's signage needs to be met.

The Council on Deafness (www.deafcouncil.org.uk) produced a good practice guide in 2001 on providing access to public services for deaf people. The Royal National Institute for Deaf People (www.rnid.org.uk) and the British Deaf Association (www.britishdeafassociation.org.uk) can also provide advice on the specific needs of deaf people.

The Centre for Accessible Environments (www.cae.org.uk) have updated their guidance 'Designing for Accessibility', and provide training and consultancy on how the built environment can best be made or modified to achieve inclusion by design.

Greater London Action on Disability (www.glad.org.uk) produced, in September 2003, 'Designing for equality in an Inclusive London' with the aim of promoting consistent London-wide standards of access.

*Appendix 6*

# Legal Developments in the Area of Disability Since 1944

| Date | Act |
|------|-----|
| 1944: | Education Act: obliged local education authorities to make specific provision in special or mainstream schools for disabled children. |
| | Disabled Persons (Employment) Act: required employers with 20 or more staff to employ a set quota (3%) of disabled people. |
| 1948: | National Assistance Act: gave local authorities a responsibility to provide accommodation and services to those who are "substantially and permanently handicapped by illness, injury or congenital deformity". |
| 1968: | Health Services and Public Health Act: section 45 relates to equipment provision (particularly in light of more recent legislation re Direct Payments) |
| 1970: | Chronically Sick and Disabled Persons Act: recommended authorities improve services to disabled people and keep registers of disabled people living locally. |
| | Local Authorities Social Services Act: recognised specialist welfare services into unified social services departments. |
| | Education (Handicapped Children) Act: transferred education services for children with learning difficulties from health to local authorities. |
| 1976: | Race Relations Act: placed clear duties on local authorities to "eliminate unlawful racial discrimination and to promote equality of opportunities". |
| 1979: | Warnock Report: recommended greater integration of 'special needs' children in mainstream schools. |
| 1981: | Education Act: provided the legislative framework for the integration of children with 'special needs'. Introduced the statementing process and encouraged the involvement of parents in determining the child's educational needs. |
| 1983: | The Mental Health Act: provided the legislative framework used to define services provided for people with mental health issues to access services both in hospital and in the community. |
| | Health & Social Services and Social Security Adjudications Act: gives Local Authorities the right to charge for care |

| Date | Act |
|---|---|
| 1986: | Disabled Persons (Services, Consultation and Representation) Act: enabled disabled people and their representatives to have a full assessment of their needs by the local authority. Section 5 and 6 specifically requires the local authority to assess the needs of young people with 'special needs' who are approaching school leaving age. |
| 1986: | Social Security Act: revised the benefit system. |
| 1988: | Education Reform Act: entitled every pupil (including those with 'special needs') to a broad and balanced curriculum. |
| | Income Support and Social Fund: introduced to replace the Supplementary Benefit system. |
| 1989: | Children Act: provides a comprehensive legal framework to protect and promote the interest and welfare of children. Section 17A specifically relates to disabled children |
| 1990: | National Health Service and Community Care Act: required local authorities to assess needs and then put together a package of care which can be purchased from a range of agencies. |
| 1992: | Disability Living Allowance and Disability Working Allowance: introduced to replace the Attendance Allowance and Mobility Allowance. |
| 1995: | Disability Discrimination Act: introduced to promote inclusion and make discrimination on the grounds of disability illegal. Phased introduction. |
| 1999: | The Health Act: permits the pooling of budgets to meet care needs and introduced a duty to draw up health improvement plans |
| 2000: | Care Standards Act 2000 & (extension of protection of vulnerable adult's scheme) regulations 2004: introduced to set standards of qualifications and levels of care. Also to set requirements of provision by Care Agencies/workers |
| 2001: | 'Valuing People: A New Strategy for Learning Disability for the 21st Century': the first white paper on learning disability for thirty years, it sets out an ambitious and challenging programme of action for improving services. |
| | Special Educational Needs and Disability Discrimination Act: Legislates for the prevention of discrimination against disabled staff and students in the provision of education, training and other related services |
| | Health and Social Care Act: Relates to funding/ types of services provided, in particular the use of pooled funding to meet needs. Also places a duty on NHS trusts, Primary Care Trusts and Strategic Health Authorities - to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes. |
| 2003: | Community Care Services for Carers and Children's Services (Direct Payments) England: supersedes the Community Care (Direct Payments) Act 1996, and the Carer's and Disabled Children's Act 2000 (which made assessments a right for carers) to make it a duty to offer Direct Payments as an option when receiving support to meet assessed needs from Social Services |
| 2003: | Health and Social Care (Community Health and Standards) Act: introduced to ensure better value and greater transparency for spending on health and social care giving power to inspect standards, audit spending and report on the quality of health and social care provision in the public, private and voluntary sectors. |

## Other existing legislation and government policies/strategies that apply within the area of Disability:

| Date | Act |
| --- | --- |
| 1975: | Sex Discrimination Act: makes it unlawful to discriminate directly or indirectly on the grounds of sex or marital status. |
| 1980: | Equal Pay Act (and its amendments 1983): established the right of men and women to equal treatment in relation to contractual terms and conditions of employment. |
| 1996: | The Housing Act: outlines responsibilities in relation to social housing provision. |
| | Housing Grants, Construction and Regeneration Act: has a section referring to and enabling adaptations using Disabled Facilities Grants |
| 1998: | The Human Rights Act: promotes individuals human rights and legislates against denial of said rights. |

## Other policies that impact:

**LAC (2001) 32: Fairer charging policies for home care and other non-residential social services – guidance for councils with social services responsibilities:** This circular draws the attention of local councils to the issue of guidance 'Fairer Charging Policies for Home Care and other non-residential Social Services', issued under section 7 of the Local Authority Social Services Act, 1970. It outlines the main actions councils need to carry out to implement the guidance by the required dates.

**LAC (2002) 13: Fair access to care services: guidance on eligibility criteria for adult social care:** This circular provides guidance to councils with social services responsibilities on how they may achieve fair access to care services through reviewing and revising their eligibility criteria for adult social care.

**2003  Supporting People:** Established an integrated planning and funding framework for housing related support services – i.e. services that help vulnerable people live independently in their accommodation. It includes services for the homeless, victims of domestic violence, teenage parents and older people.

**National Service Frameworks:** Will impact on disabled people too, e.g. NSF for Older People (2001), Mental Health (1999), Long Term Conditions (2004).

**LAC (2004) 24: The Community Care Assessment Directions** 2004: Currently relates to single assessment process operating in older peoples services but could be applied to adult services.

**Improving the Life Chances for Disabled People:** Produced by the Government Strategy Unit.

## In the pipeline:

| | |
| --- | --- |
| 2005 | Mental Capacity Bill: is in process of being introduced/consulted on. |
| 2005 | Green Paper on the Future of Social Care. |

## Appendix 7
# References

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**23.** 'Special Education Needs Code of Practice', Dept for Education & Skills, Nov 2001

**24.** 'Youth Matters' Green Paper, Dept for Education & Skills, July 2005

**25.** 'Disability Equality Scheme: Moving towards equality for Disabled and Deaf Londoners', Greater London Authority, January 2005

# *Appendix 8*
# **Glossary of terms**

**ADKC** . . . . . . . . . . Action Disability Kensington and Chelsea

**Bobby Standards**. . . Nationally recognised standard of website accessibility

**BME** . . . . . . . . . . Black and Minority Ethnic Groups

**BSL** . . . . . . . . . . British Sign Language (for deaf people)

**CAB** . . . . . . . . . . Citizens Advice Bureau

**CAE** . . . . . . . . . . Centre for Accessible Environments

**CRE** . . . . . . . . . . Commission for Racial Equality

**DDA** . . . . . . . . . . Disability Discrimination Act

**DET** . . . . . . . . . . Disability Equalities Training

**DPTAC** . . . . . . . . . Disabled Persons Transport Advisory Committee

**DRC** . . . . . . . . . . Disability Rights Commission

**EOC** . . . . . . . . . . Equal Opportunities Commission

**GLAD** . . . . . . . . . Greater London Action on Disability

**JMU** . . . . . . . . . . Joint Mobility Unit

**KCW** . . . . . . . . . . Kensington, Chelsea and Westminster (Primary Care Trust)

**KCP** . . . . . . . . . . Kensington and Chelsea Partnership (the local LSP)

**LSP** . . . . . . . . . . Local Strategic Partnership (generic term)

**NSF** . . . . . . . . . . National Service Framework (National Health Service)

**ODPM** . . . . . . . . . Office of the Deputy Prime Minister

**RADAR** . . . . . . . . Royal Association of Disability and Rehabilitation

**RBKC** . . . . . . . . . . Royal Borough of Kensington and Chelsea (the Council)

**RNIB** . . . . . . . . . . Royal National Institute for Blind People

**RNID** . . . . . . . . . . Royal National Institute for Deaf People
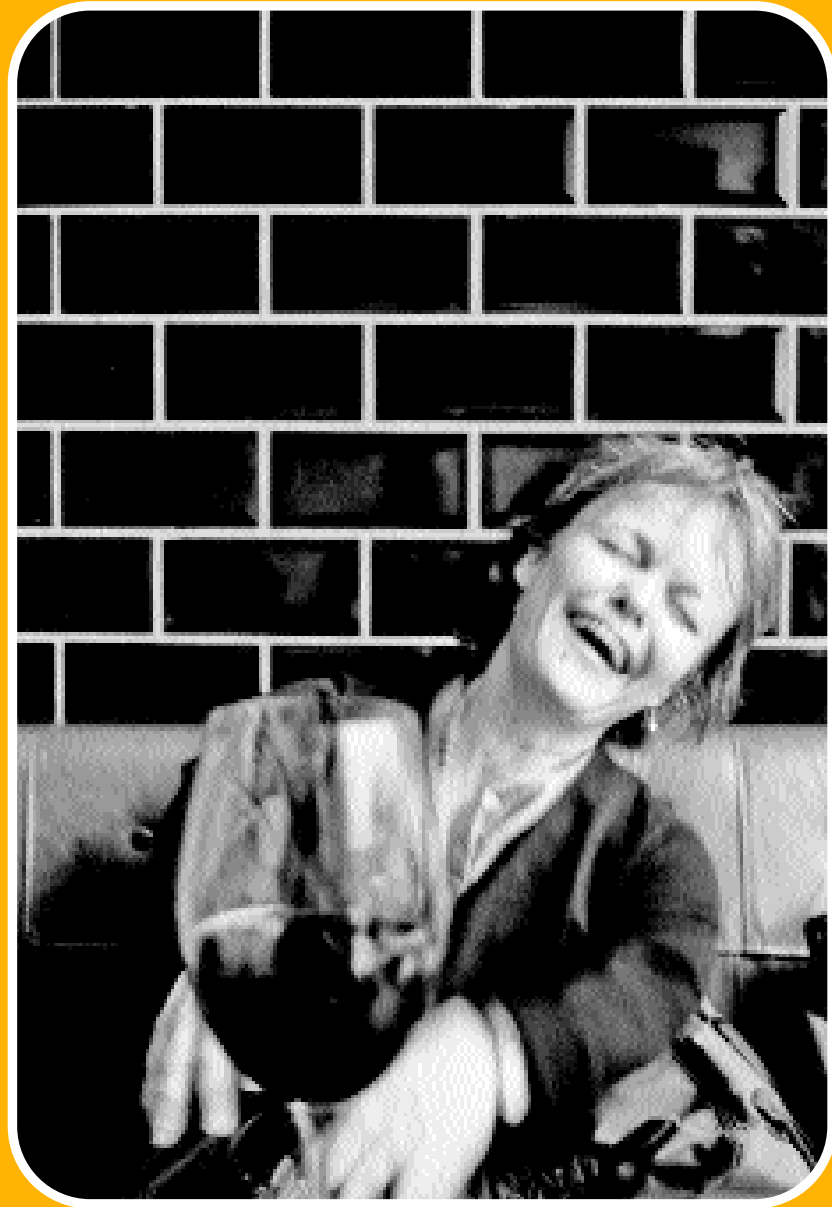
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The Kensington and Chelsea Partnership
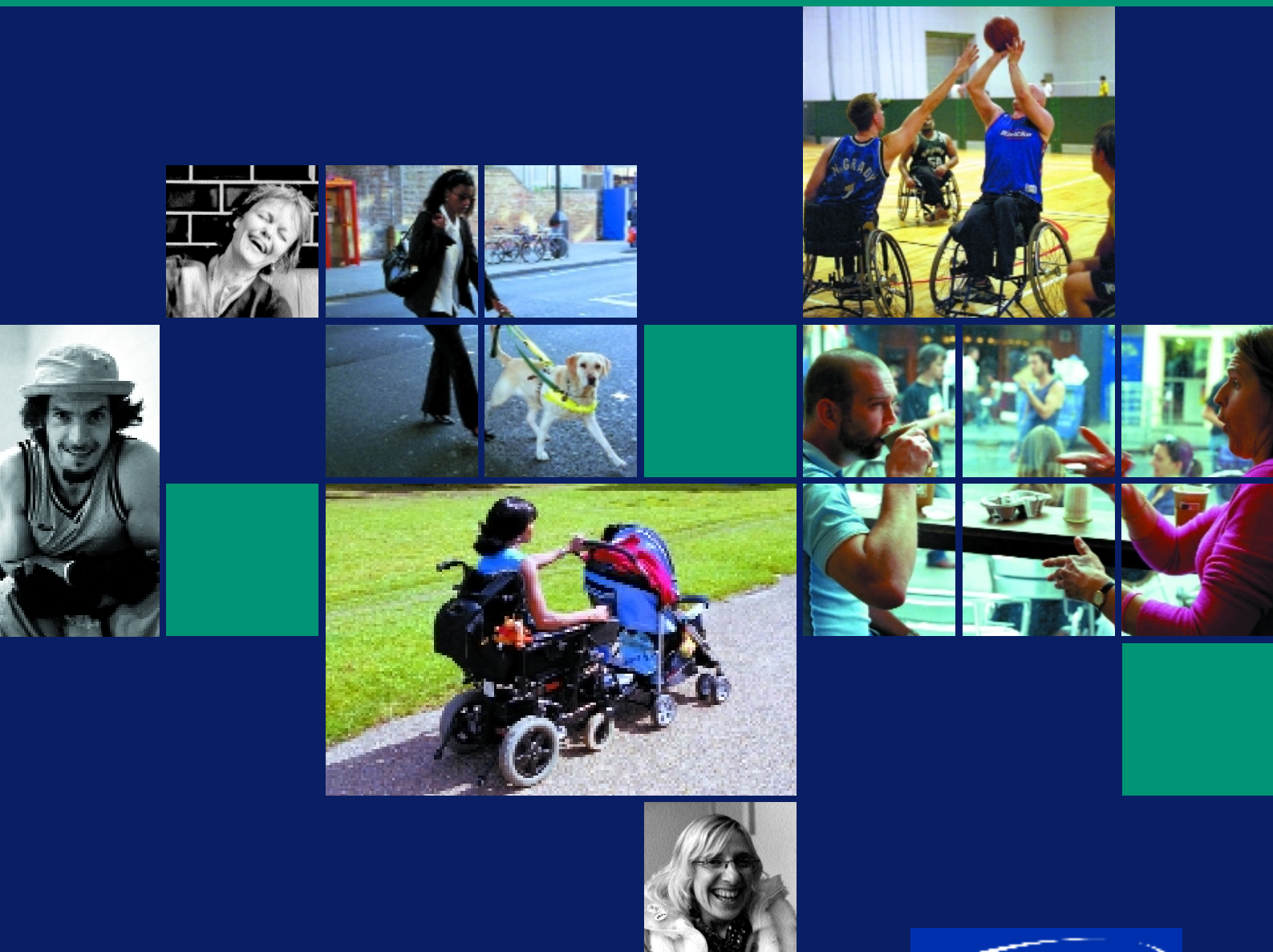
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ADKC

**Action Disability**

Kensington & Chelsea

*A Centre for Independent Living*