



**Position Paper on Car Parking for
Disabled People and Older People
at Health Service Buildings in
Northern Ireland**

**Jointly produced by the Inclusive Mobility and
Transport Advisory Committee and Disability
Action Regional Access Committee**

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1 Imtac

- 1.1 Imtac is a committee of disabled people and older people as well as others including key transport professionals. Our role is to advise Government and others in Northern Ireland on issues that affect the mobility of older people and disabled people.
- 1.2 Our aim is to ensure that older people and disabled people have the same opportunities as everyone else to travel when and where they want.
- 1.3 Imtac receives support from the Department for Regional Development.

2 Access Committee

- 2.1 The Disability Action Regional Access Committee works toward a built environment which is accessible to everyone. The Committee was formed in 1981 and consists of individual disabled people, representatives of the disability sector and representatives of the main public authorities and professional bodies with a remit which may influence the built environment.

3 Introduction

- 3.1 Over the past few years there has been a growing trend for hospitals in Northern Ireland to introduce new car parking policies, including in some cases charging. This paper has been developed in response to concerns raised about these charges and other difficulties around parking experienced by members of Imtac, the Access Committee and other disabled people and older people when visiting sites.
- 3.2 This paper sets out the agreed position of both Committees on the provision of suitable parking for disabled people and older people at hospitals and other Health Service facilities. It is intended to give guidance to those involved in the planning and operation of parking services.
- 3.3 This paper will also identify certain legal constraints and obligations which should be taken into account in advance of the introduction of, or changes to, car park policies.

4 Why is parking so important?

- 4.1 Many older people and disabled people find the car and other forms of private transport the only reasonable form of mobility. In order to make use of the car it is essential that disabled people and older people can get parked when they arrive at their destination. For many disabled people and older people it is also essential to get parked as close to their destination as possible.
- 4.2 Hospitals, in common with all service providers, must recognise and make provision for older people and disabled people arriving by car to use hospital facilities. There should be adequate well designed accessible parking close to facilities. Hospitals also need to consider the impact on disabled people and older people of any changes to parking policy such as the introduction of charging.

5 Legal Background

5.1 Disability Discrimination Act

The DDA requires that service providers do not discriminate against older people and disabled people. This may entail making reasonable adjustments to the manner of delivery of services or to premises in order to enable access to those services for disabled people and older people. In relation to car parking this may mean the provision of accessible spaces convenient to the entrance and the management of spaces to prevent abuse. It may also be appropriate to consider a reduction or removal of tariff where the cost may be an impediment to disabled people and older people.

5.2 S75 Northern Ireland Act

Section 75 places a duty upon statutory authorities to promote equality of opportunity for disabled people and older people amongst others. In practice this means that statutory authorities must undertake screening and equality impact assessments to weigh the potential of a negative impact of a change in policy upon older people and disabled people. Any proposed changes to car parking policies or practices, including the introduction of charging should be subject to an equality impact

assessment including consultation with disabled people and older people.

5.3 The Disability Discrimination Order

The DDO also applies to statutory authorities and places additional duties to promote positive attitudes toward older people and disabled people and participation by disabled people and older people in public life. Statutory Authorities are required to compile a Disability Action Plan which sets out exact, measurable and time related steps which they will take in order to meet these duties.

6 Designing an inclusive car parking policy

6.1 All hospitals currently provide parking for disabled people and older people. In order to maximise the benefit of current parking provision it is important that the following are included in respect of disabled people and older people.

1. Consultation with older people and disabled people about parking
2. Improving access for older people and disabled people who arrive by car
3. Reducing the financial impact of charging for parking on disabled people and older people
4. Improving access for disabled people and older people using other forms of transport
5. Providing information and travel arrangements to and from hospitals

Consultation with disabled people and older people

6.2 When planning any changes to parking policies hospitals must consult with disabled people and older people at the earliest stage and throughout the development and implementation of the scheme. Consultation should take place with users of car parks and the appropriate representative organisations. Both Imtac and the Access Committee are happy to advise on who should be

involved in consultation. Consultation should continue after implementation as part of monitoring and review processes.

- 6.3 Hospitals that have existing parking provision or have already introduced new policies should routinely seek feedback from older people and disabled people and appropriate representative organisations.

Improving access for disabled people and older people arriving by car

- 6.4 Hospitals should take the opportunity to ensure that parking facilities meet best practice in respect of accessibility. This applies to car parking provided by the hospital itself or by a private firm under contract. The following should be built in to any scheme:

- The provision of sufficient numbers of well designed accessible parking bays close to all appropriate entrances to the hospitals – walking distance in excess of 50m will pose a barrier for some disabled people and older people
- Ensuring that there is a deterrent (clamping for example) available to prevent the abuse of accessible bays by non-disabled people
- With regard to multi-storey car parks the provision of well designed accessible parking as close as possible to entrance/exit access points. Well designed lift access should be provided where appropriate
- Multi-storey car parks may have height restrictions which will make them inaccessible to some vehicles used by older people and disabled people. Consideration should be given to providing alternative accessible parking close to the entrance of buildings, outside the multi-storey carpark.
- Ensuring that pedestrian routes to and from car parking are level and barrier free with dropped kerbs and tactile surfaces where appropriate
- Ensuring that payment facilities and control barriers are accessible to disabled people and older people

- Ensuring that information about car parking and charging is readily available to visitors and that information is available in a range of formats
- The provision of enhanced security measures such as improved lighting, CCTV and visible security personnel
- Staff involved with car parking should receive training in dealing with disabled people and older people
- Some older people and disabled people may want to or have to travel to hospital on their own but may require assistance from their vehicle to where they have to go in the hospital. Hospitals should provide a mechanism for people arriving to request assistance such as appropriately designed help points.

Reducing the financial impact of charging

- 6.5 Intac and the Access Committee recognise that there is a clear rationale for charging for car parking in hospitals. Such schemes allow better management and control of parking on sites. There is better security for staff, visitors and vehicles. There should also be better enforcement of parking restrictions on sites. Finally schemes can generate revenue for the hospital.
- 6.6 Hospitals need to recognise that anything that increases the costs of travelling by car are likely to have a disproportionate effect on the lives of disabled people and older people. This is because:
- Households including older people and disabled people tend to have lower than average incomes
 - Alternatives such as public transport or taxis may not be available or be a viable option because they are physically inaccessible or unaffordable
 - For many disabled people and older people only the car gives essential mobility
- 6.7 Given this disproportionate impact hospitals should give

consideration to allowing parking concessions to older people and disabled people that reduces the financial impact of charges. Ideally the hospital should give consideration to free parking for some disabled people and older people.

- 6.7 Similar concessions available to disabled people and older people around other schemes that charge for car usage are usually based on possession of a Blue Badge, exemption from Vehicle Excise duty or receipt of the Higher rate mobility component of Disability Living Allowance. Hospitals should give consideration to providing a concession for car parking to anyone who meets these criteria. This should be an addition to any other concessionary criteria already identified by the hospital.

Improving access for disabled people and older people travelling on other forms of transport

- 6.9 As a compliment to parking provision consideration should also be given to improving public transport links to hospitals. Such improvements must factor in issues for disabled people and older people. Access by public transport should be viewed as a supplement to and not a substitute for access for disabled people and older people using private transport.
- 6.10 When looking at access by public transport hospitals and transport providers should consider the following:
- That services use vehicles that meet accessibility standards – for example modern low-floor buses with ramped access and a space for a wheelchair user
 - That stops and other infrastructure are located close to the main entrance of the hospital – walking distances in excess of 50 m will pose a barrier for some older people and disabled people
 - Infrastructure such as bus stops should be designed to be accessible including a shelter where appropriate and up-to-date and accessible timetable information
 - Pedestrian routes from public transport to the hospital must be level, barrier free and include dropped kerbs and tactile surfaces where appropriate

- Public transport vehicles should be equipped with audio and visual announcements
- Public transport staff should receive training in dealing with disabled people and older people
- As with people travelling by car some disabled people and older people may travel on their own, by public transport and may require assistance when they arrive at the hospital. The hospital should provide a reasonable assistance and provide a mechanism for people to request assistance, such as an appropriately designed help point

6.11 People may also travel to and from the hospital by taxi or be dropped off by private car. The hospital should provide an area for visitors to be dropped off and picked up safely, located close to the main entrance of the hospital with barrier free pedestrian access to the entrance. Drop off areas should be kept clear at all times.

Providing Information

6.12 It is essential that hospitals promote and provide information about how to get to and from the hospital. It is also important to be clear what concessions are available with regard to car parking charges if appropriate.

6.13 Hospital websites are one way this can be done. However, not everyone has access to online information. One suggestion could be to provide travel information to patients coming to hospital for appointments.

6.14 All information must be made available in a range of accessible formats.

7 Conclusion

7.1 Being able to travel easily by car is very important to many older people and disabled people. Hospitals need to recognise this and ensure that appropriate access is provided on sites and that other policies such as charging do not restrict the mobility of disabled people and older people.

8 Getting More Information

- 8.1 More information on any aspect of this paper can be obtained by contacting the secretariat of Imtac or the Access Committee

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9 References

The following publications have been useful in developing this paper:

1. "Providing Accessible Parking – a good practice guide" (Imtac) 2006
2. "Parking for disabled people" Traffic Advisory Leaflet 05/95 published by the Department for Transport
3. "Accessible Public Transport Infrastructure Guidelines for the Design of Interchanges, Terminals and Stops" published by the Department for Transport
4. "BS 8300: Design of buildings and their approaches to meet the needs of disabled people – Code of Practice" published by the British Standards Institute
5. "Restrictions on Personal Vehicular Transport" published by the Disabled Persons Transport Advisory Committee
6. "DPTAC position statement: road user charging" published by the Disabled Persons Transport Advisory Committee