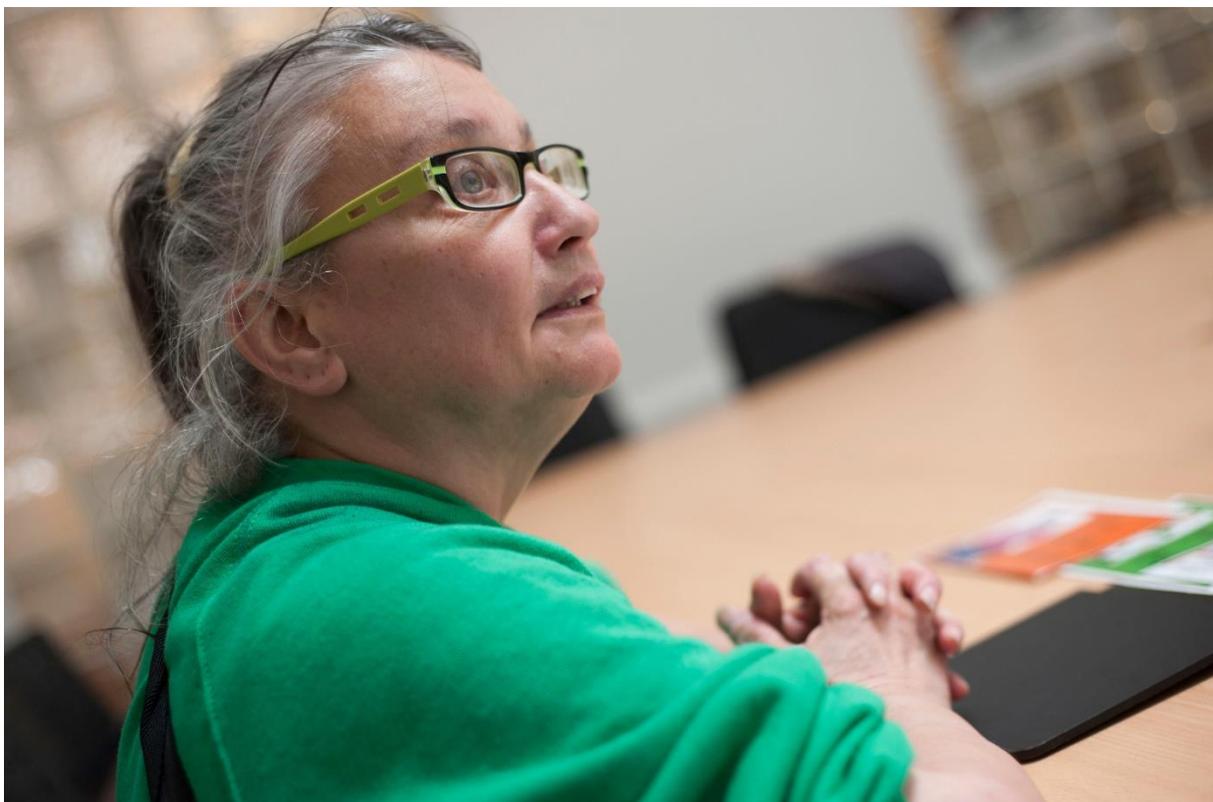


## Healthwatch Camden and Camden Disability Action

Joint project - How accessible are Camden's Community Centres?





## Summary

Disabled volunteers from Healthwatch Camden and Camden Disability Action visited 28 community centres in Camden, to check how accessible they are to a range of people with disabilities.

We wanted to do this because Camden Council's strategy for disabled and older people says it will "*use community resources first*" when developing solutions to peoples' support needs. This includes "*tackling barriers to accessing community facilities*". We wanted to find out how realistic it would be for someone with a disability to use the local community centres and to share this information with Camden council and local disabled people.

We found that most of the centres have reasonable wheelchair access and there were some excellent examples of good overall access. However, few centres have good access for deaf residents and most make no specific provision for people with learning disability. Staff in general were helpful and welcoming, however only a minority of staff have had disability equality training, or knew where the nearest parking spaces are or how to help guide dog users. Most centres did not include access information on their websites, and most did not routinely provide information in accessible formats such as big print or easy-read, although most would do so on request.

We made a number of recommendations for improvement at centres, some 'quick wins' which could be easily implemented and some longer term goals, which would require additional funds and/or building alterations.

Centres responded, mainly very positively. Some are implementing the quick wins and some have asked for support to achieve the longer term goals. We know that many centres are in ageing buildings, and that funding is a challenge for most. We hope our report helps to make a case for investment.

The joint enterprise between 17 community centres, C4 has responded to this report, their response is included as an appendix.

We made 7 general recommendations for the community sector; 7 recommendations to the council and 1 recommendation jointly to the council and Camden Clinical Commissioning Group.

## Our recommendations

**For community centres:** we recommend that all centres:

- find out whether their users require any reasonable adjustments to be made because of a disability when they sign up to an activity or event
- audit their access and make a costed plan for improvement - even if this plan will take some time to implement
- provide training for staff on disability equality, mental health first aid and d/Deaf awareness
- provide comprehensive information about disability access on their website
- routinely provide information in big print and general information in easy-read
- budget to provide information or communication support in other formats as necessary and know how to arrange it when needed

Collectively or individually, we recommend that the centres:

- Engage with the council's local plans for social care, and consider how they can develop local assets (services, places, self-help groups, local leaders) to create supportive environments for disabled people

**For Camden Council** - we recommend that the council in all its work related to community centres:

- Has a clear policy on the role and value of community centres in the borough and on the purpose of its support for community centres
- Works to support centres to maintain and improve access, including supporting the installation of induction loops; checking that lifts installed are fit for purpose and assisting with upgrading them where necessary; and checking that doors are safe and easy to use, and that lighting is adequate

As a commissioner of services at community centres:

- Checks the centre's compliance with the Equality Act and offers support and guidance where there is non-compliance

As a commissioner of social care and health services:

- Collects information on the range of access requirements for disabled people in the borough, uses that information to shape commissioning plans, works to fill access gaps where they are identified and makes sure that up to date information on the accessibility of local community services is available to disabled people and to its own staff
- Encourages and supports community centres to find resources for access improvements and staff training on disability equality and awareness of the needs of specific groups, e.g. deaf people, people with learning disabilities

In all its work as a commissioner and a planning authority:

- Seeks to maintain and improve access, including increasing the availability of Blue Badge parking spaces and the availability of outdoor space suitable for assistance dog 'spending'.

- Engages community centres in developing local assets (services, places, self-help groups, local leaders) to create supportive environments for disabled people.

For Camden Clinical Commissioning Group working in collaboration with Camden Council we recommend that the CCG and the council:

- Make sure that plans for supporting self-care and ‘social prescribing’ take account of access needs so that disabled residents referred to local community services have their access needs met. This may providing funding for specific activities for some disabled people.





## Report

### Introduction

#### Why we did this report

Healthwatch Camden and Camden Disability Action welcome the commitment to personalised services proposed in Camden's council's strategy for older people and disabled people "Supporting People Connecting Communities". We are aware that there are currently major barriers to access in some community provision, and we welcome the council's commitment to *tackling barriers to accessing community facilities*.

We have heard from disabled people that they can find it difficult to access local community services for a number of reasons. For example, this may be because they find it difficult to use public transport, or that wheelchair access is difficult at a local centre. It might be because they need information about what is on offer in a different format such as easy read, or require a hearing loop in order to join in with activity. In addition, we are aware of the serious constraints that local community centres are under in terms of the aged buildings that they often occupy and the financial situation. So we wanted to test the assumption that suitable mainstream community resources are available, or will be available, to replace some existing commissioned services for disabled people. We wanted to find out how realistic it would be for someone with a disability to use the local community centres and to share this information with Camden council and local disabled people.

We wanted to do this both to help local disabled people to find out about what services are available and to help Camden council have a clear view of what the situation is currently so that they can make sure that disabled people are not left without access to community sports, leisure and social activities.

#### How we did the research

We chose 28 centres to visit - some funded by Camden Council, some independently funded. We started by looking at what information about access each centre has on its website. A group of disabled volunteers visited the centres, between September and December 2017. They looked at how easy it was to get to and to find the centre; how easy it was to get around the centre; how easy it would be to take part in activities at the centre; staff knowledge about the needs of disabled people; specific help available for disabled people. In each case we considered access for a wide range of disabled people - people who use wheelchairs or with other mobility issues, people with a learning disability, people

with mental health issues, people with hearing impairment, people with visual impairment, people who use assistance dogs.

We were not carrying out a formal access audit (we did not measure all door widths, for example). We were more concerned to find out what the experience would be for a disabled person coming to use a service at the centre.

## What we found

### Information about the centre

#### Websites

When we looked (September 2017) 2 of the 28 sites were not working, we had to telephone instead. 18 websites had NO access information at all.

8 websites had some access information. Of these, most referred to wheelchair access, most usually in the 'room hire' section. One referred to trained staff, who could assist with mobility or personal care. One had information about parking. None had comprehensive information for disabled people.

**Quick win:** ALL centres could improve their website information on disability access. One centre did this straight away after getting our feedback.

#### Leaflets

We asked if centres had any information in large print, easy read or BSL format. 6 had some information in large print, 5 had some information in easy read, and none had information in BSL.

Of the others, 7 told us they would produce large print information and 3 said that staff were on hand to explain things to anyone who could not read the leaflets. 1 told us that two staff were learning BSL.

**Quick win:** MOST centres could produce more information in big print and easy read.

**Longer term improvements:** ALL centres could consider commissioning some basic information in BSL.

## Getting there

### Reaching the centre

We looked at how easy it is to reach the centre on public transport, where the nearest parking for disabled people is and how easy it is to find the centre.

All the centres except two are close to bus routes or other public transport, volunteers had no problem reaching them. For volunteers who drove to the centres, parking could be hard to find.

### Finding the centre

We asked how well signposted the centre is, how easy is it to find from the street.

Nineteen of the centres had good clear signage outside. Of the rest, either signs were very small or the entrance was hard to find, or both.

One volunteer reported that they got lost on the way and staff helpfully gave directions by telephone. At one centre they offer to meet new users at a nearby café to guide them to the centre if needed

Some centres were hard to find:

*'There are signs at the entrance. There are zero signs in the estate to find the venue.'*

*'The centre was a bit difficult to find as it is down a back alley. I couldn't work out how to get in or if the centre was open or not.'*

*'The centre is inside an estate so would benefit from a more prominent sign as it seems as though it is just housing.'*

Volunteers praised some easy to find centres:

*'There were lots of banners and signs outside the building I particularly liked the big "welcome" sign on the door'*

*'The signage outside is excellent. The centre is colourful and has the name written in large letters on the wall with a big arrow pointing to the entrance. The nursery entrance has a large sign as does the main entrance. The signage showing what to do to get in the building (i.e. use the buzzer) is very clear.'*

We have fed back comments to the centres that were more difficult to find and we hope they will be able to improve their signage.

## Using the centre

### Getting about

We asked about how easy it was to find reception, how good the lighting is, if the signage is clear, is there step-free access, are the doors easy to use?

Finding reception was usually straightforward but in 4 centres our volunteers struggled to find reception.

Signage was variable - 13 of the centres were reported as having 'very little' signage inside. 8 were reported as having good signage "Well signed internally and a lot of information on notice boards. The toilets are well signed."

In the others there was some signage but improvements could be made.

Lighting was generally good in 19 centres, although 3 needed 'some updating'. In the remainder there was variable light, with some dark areas especially in lobbies, corridors and toilets. Lighting at one centre was described as in need of urgent upgrading.

Almost all centres have level access at the front door - two do not. One of these has a portable ramp in regular use. Internal access is level in most centres, however in eight of the centres there are areas that are not fully accessible. The doors in most centres are easy to use. 3 centres had doors that were difficult to use (in one case because they are all controlled by keypad - hard for some disabled people to use). In some other centres, volunteers noted that doors were heavy because they were fire doors. Volunteers said that automatic opening would be useful in some cases.

### **Specific access features**

If the centre had more than one storey we looked at lift access - is there a lift, does it work well? We looked in all cases at accessible toilets - are they well laid out and well maintained? We asked about induction loops - does the centre have one, is it in use? We asked about assistance dogs - are water bowls available, and can staff direct users to the nearest place where dogs can urinate or defecate (sometimes called 'spending').

### **Lifts**

There are lifts in 13 of the centres. Of these, four were the type that only accommodates one person and you have to keep the button pressed to keep it moving. These were reported as having a high breakdown rate. One centre tries to avoid breakdowns by keeping the lift locked to prevent unauthorised use.

### **Toilets**

All except two of the centres have a wheelchair accessible toilet. In both these two, there are steps to the toilet. Some of the accessible toilets are excellent, however some are a bit small or need some upgrading, two were locked on the day of our visit and one had a bicycle stored in it on the day we visited. One of the bigger centres has five accessible toilets, including a 'Changing Places' toilet. Two centres have raised money to improve their accessible toilets.

### **Induction loops**

19 of the centres do not have an induction loop. Of those that do, four have portable loops. One had a loop that had been broken for some time.

**Quick win:** centres without a loop could make sure they know how to borrow and use a loop if requested.

**Longer term aim:** centres without a loop should find out how much one will cost and plan to obtain one.

Where Camden Council is the landlord for the building, the council should provide a loop as part of the fabric of the building.

### **Assistance dogs**

Although most centres do not routinely keep dog water bowls, 16 of them said they could provide a bowl or fill a bowl on request. Staff at 14 centres knew where the nearest place for a dog to 'spend' (urinate or defecate) is located.

### **Taking part in the activities**

We asked about specific help to enable disabled people to take part in activities. We also asked if there is a discount for carers, and about any other adjustments that centres make to help disabled people use the centre.

### **Charges for carers**

11 centres told us that activities are free so this does not apply. Of those that charge, 7 waive charges for carers, and 2 say the charges are very low (e.g. £1 for lunch) so are not a barrier.

There was a wide range of response to the question on specific help and adjustments. Many centres work on an ad hoc basis, responding to requests for support as they arise. Several told us that staff or volunteers are available to help.

Three centres stated that they delegate responsibility for this to the people who run classes or other activities at the centre. Some centres provide specific activities - such as a dance class for disabled people, or seated exercise for older people. Some provide equipment such as wheelchairs or walking frames if needed. Some include disabled people in general activities - *“Children with disabilities are incorporated in to the group.”*

Our volunteers also commended the helpful attitude of staff.

### **Good practice examples**

*‘People with disabilities are often referred here by other agencies. They are invited to visit the site and discuss their needs before they start any activities. Staff at the site are available to provide support and supervision and the membership form asks about disability.’*

*The cinema has films with audio description and sign language and has a hearing loop. People can reserve seats in specific places if they need to because of a disability. ...Staff can and do meet blind customers visiting the centre at the gates to escort them into the building.... Staff told us that they are receptive to people's needs and are always learning.’*

*‘The building was renovated and extended in 2009 to make it fully accessible. Lifts, an accessible toilet and shower facilities and a hearing loop was installed. We also have a fully accessible canal barge which can fit up to 12 wheelchair users and is accessible throughout and the controls have been modified for use by disabled people.’*

### **Staff knowledge**

We asked whether staff had disability training or mental health first aid training. Some (but not all) staff at 11 centres have had disability training, usually around specific care tasks, although several commented that this was quite a while ago and they would welcome further training. Some (but not all) staff at 16 centres have had mental health first aid training. One centre is a provider of mental health first aid training.

**Quick wins:** staff at ALL centres could benefit from some up to date disability equality training. Staff who have not had mental health first aid training could benefit from this training.

### **The welcome**

We wanted to know whether places felt ‘disability friendly’ - a subjective judgement about how comfortable and welcoming places are. The ‘friendly factor’ can be as important as physical access features and formal knowledge. Volunteers commended the helpful attitude of staff at all centres.

## Good practice examples:

*The staff were really very welcoming and friendly. I felt that they understood disability as far as the needs of the people currently using the centre go as they have a lot of older clients with disabilities.*

*The centre manager was friendly and very helpful. She made me feel welcome. I was made to feel at ease. The clients were happily engaged in a machine sewing class which looked very interesting. Gym equipment was also available. My disability was accepted by clients and staff and an air of wellbeing and happiness seemed to exist at the centre. It is a place I would be happy to attend if I lived in the area*

*The centre was immaculate and well set out with pictures, photos, and notices. The dining room was very well set up for the lunch club and was spotless. It is good to have a central London venues available for local residents offering free classes and a hot meal at a reasonable price*

There were a handful of places where things could be improved:

*We didn't feel that the centre was particularly welcoming and would have liked some more welcoming signs in the entrance with pictures on. We felt that the member of staff we spoke to didn't know much about disability. Someone let us in when we arrived but there is a buzzer system so we thought this needed signs in case people didn't know which button to press and no one was at reception.*

*Staff were very welcoming but didn't really display any knowledge of disability*

*The building is very old and not really fit for purpose.*

*More funding is needed to make the building look nicer. It is welcoming but looks impoverished.*

## Conclusion and recommendations

Our visits have shown us that Camden has an amazing resource of community services across the 28 centres we visited.

Most of the centres have reasonable wheelchair access and there were some excellent examples of good overall access. However, few centres have good access for deaf residents and most make no specific provision for people with learning disability. Only a minority of staff have had disability equality training. Staff we spoke to often did not know the nearest parking spaces are or how to help guide dog users. Most centres did not include access information on their websites, and most did not routinely provide information in accessible formats such as big print or easy-read, although most would do so on request.

Staff in general were helpful and welcoming, and centres offer a huge array of services and activities, including exercise classes, craft classes, lunch clubs,

friendship groups, gardening, films, sport, social activity and employment support. Centres could do more to promote their activities to disabled people and could do more to make their premises and activities accessible to disabled people.

We recognise that centres cannot do this alone. They are challenged by rising costs, in particular for rent. The council could do more to help make premises it owns fully accessible and also to use its powers as a commissioner and as a planning authority to encourage better overall access and disability friendly activity. CDA is committed to providing advice and training to centres and to working with them to create inclusive services and activities, and to encourage disabled people to get involved and make use of the opportunities that exist.





## Our recommendations

**For community centres** - we recommend that all centres:

- find out whether their users require any reasonable adjustments to be made because of a disability when they sign up to an activity or event
- audit their access and make a costed plan for improvement - even if this plan will take some time to implement
- provide training for staff on disability equality, mental health first aid and d/Deaf awareness
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- budget to provide information or communication support in other formats as necessary and know how to arrange it when needed

Collectively or individually, we recommend that the centres

- Engage with the council's local plans for social care, and consider how they can develop local assets (services, places, self-help groups, local leaders) to create supportive environments for disabled people

**For Camden Council** - we recommend that the council in all its work related to community centres:

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- Collects information on the range of access requirements for disabled people in the borough, uses that information to shape commissioning plans, works to fill access gaps where they are identified and makes sure that up to date information on the accessibility of local community services is available to disabled people and to its own staff
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In all its work as a commissioner and a planning authority

- Seeks to maintain and improve access, including increasing the availability of Blue Badge parking spaces and the availability of outdoor space suitable for assistance dog 'spending'
- Engages community centres in developing local assets (services, places, self-help groups, local leaders) to create supportive environments for disabled people.

For Camden Clinical Commissioning Group working in collaboration with Camden Council we recommend that the CCG and the council:

- Make sure that plans for supporting self-care and 'social prescribing' take account of access needs so that disabled residents referred to local community services have their access needs met. This may providing funding for specific activities for some disabled people.

## And finally...

This report looks at 28 community centres. It is a starting point. We did not look at all community spaces in Camden - we excluded those that are primarily halls for hire or tenants' halls. We also excluded leisure centres and gyms, places of worship and schools or colleges. As the council develops its new approach to social care, we want to see an appraisal of the access across the full range of local community spaces.

Access is more than ramps and loops. It is about staff knowledge and the centre's systems. It is about offering affordable and comfortable activities where everyone feels welcome. We don't think a case needs to be made for the value of community centres in supporting people and connecting communities. We hope that all centres can be supported to offer equal access to disabled people in their communities.

We will be sharing the information we gather, initially via reports and an interactive map on our websites and through existing listings such as Euan's Guide; in the longer term we aim to share information via a bespoke app.

