

March 2010

Accessible Hotels in London

Appendices

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A Projection of hotel rooms required in London

A1 Overview

Visitor nights have been estimated using econometric analysis and then translated into hotel bedroom demand through assumptions about occupancy levels, the proportion of visitors who stay in hotels and guests per room.

To forecast visitor nights, we have used the statistical and econometric technique of regression analysis. This allows us to estimate the relationship between the variable of interest, in this case visitor nights spent in London, and a series of explanatory variables such as exchange rates, hotel rooms rates and economic factors such as GDP, consumer expenditure and other economic variables. The underlying logic is that higher GDP per head (ie income or wages per head) will increase the marginal propensity to consume which will probably increase hotel demand in London. The impact of economic growth on the tourism (the so-called income elasticity of demand) and passenger travel has been well researched.

The purpose of the econometrics is to estimate the underlying long-term upward trend in visitor nights, controlling for exogenous shocks, rather than to create a fully specified explanatory model that passes all statistical tests. Such a model will almost certainly fail the most basic logic tests as it would need to forecast forward 20 years into the future using only 12 years of historical data. Forecasting 20 years into the future is subject to wide uncertainty. To reflect this we have placed more emphasis on scenario analysis and sensitivities rather than the results of detailed econometric models, which could easily be dismissed as spurious.

A2 Methodology for international visitor nights

The first stage of the econometric analysis is to identify those factors which may theoretically affect the number of visitor nights and then run a number of regressions in order to identify whether these factors (and/or combinations of these factors) are statistically significant. If they are statistically significant then the variables should be included in the model. Some of the variables which we have tested include: GDP per capita, consumer expenditure, real room rates, revenue per room, effective exchange rates. The preferred equation is shown below, namely the trend in the number of international nights spent in the London is estimated using GDP per capita as a measure of the increasing propensity to travel.

Estimation equation

The equation is expressed in logarithmic form with the data in levels, with the trend in the number of international nights spent in the London using GDP as a measure of the increasing propensity to travel. Ordinary least squares (OLS) regression is conducted with cross-equation restrictions across both country and time.

$$\text{Ln (Visitor nights)}_{it} = c + b \text{ Ln (GDP)}_{it} + b \text{ Ln (E)}_{it} + d_i + f_t \text{ Ln (Visitor nights)}_{it-1}$$

Where:

Visitor nights = visitor nights spent in London by non-UK residents

GDP_{it}	= GDP per capita for country (i) at time (t)
E_{it}	= exchange rate for country (i) at time (t)
c	= the overall constant in the model
d_i	= cross-equation restrictions for country (i)
f_t	= cross-equation restrictions for year (t)

The cross-equation country restriction can be thought of as dummy variable for factors such as the different economic characteristics of each origin country. Whereas the cross-equation restriction for time captures the peculiar characteristics of any one year (eg the Millennium effect in 2000).

We experimented with various functional forms. Model formulations were tried in differences and second differences in order to eliminate non-stationarity (or the trend) in the data - the presence of a trend weakens the results from OLS estimation. However, under these 'differenced' specifications it was not possible to identify statistical significance in the key drivers. The regression model equations were therefore estimated in levels.

Data

The estimation is based on a panel of data (ie time series and cross sectional data) drawn from the International Passenger Survey. In particular, the number of nights spent in London by international visitors from 26 countries¹ over the 1993 - 2004 period. In total, we have over 300 data points in which to undertake the analysis. The GDP per capita data is at constant prices is obtained from the International Monetary Fund, World Economic Outlook Database, September 2005.

Our central assumption is that GDP per capita increases by 3.2% per annum. This is based on the weighted average GDP per capita growth forecast of all origin countries - the weights used being the number of visitor nights spent in London by visitors from each origin country. The 3.2% figure is slightly less than global GDP growth as the largest proportion of international visitors to London originate from developed economies which are forecast to grow at slower rates than the global average. The 3.2% figure is also a per capita growth forecast as we have used per capita figures in the econometric analysis.

Results

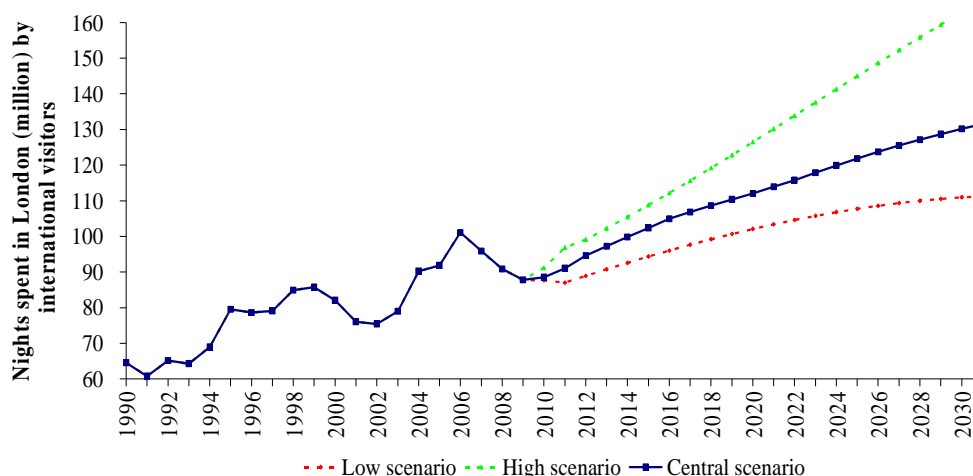
On the international visitor side, the model developed suggests that every 1% increase in the GDP per capita of the origin country of visitors (US, France, Germany etc) produces a 0.96% increase in the number of nights spent in London by visitors from that origin country. Growth in GDP per capita is projected to increase by 3.2% each year over the 2012-2031 period.

The number of nights spent in London by international visitors is forecast to increase from around 95 million in 2012 to 132 million by 2031, an increase of 39%. This equates to growth on average of around 2.3% per annum over the 2012-2021

¹ USA, France, Italy, Germany, Australia, Spain, Japan, Canada, Sweden, Netherlands, South Africa, India, Switzerland, Poland, Russia, New Zealand, Denmark, Greece, Norway, Belgium, Brazil, Saudi Arabia, Portugal, United Arab Emirates, Austria and Singapore.

period, followed by slower growth of 1.5% per annum over the decade after as the market reaches maturity.

Figure A2: Projections of the number of nights spent in London by non-UK residents



The key assumption for this decline in growth rate is that we assume that the GDP per capita elasticity declines by one-half over the period. This reflects the consideration that as the market matures, the income elasticity of demand declines. It is very unlikely that growth will continue at the same pace in perpetuity, as there will not be enough other physical infrastructure to sustain such a continued increase. The impact of this assumption is that the growth in international visitor nights is moderated from 2016 onwards.

A3 Domestic visits

A similar approach was used for the domestic market. The number of domestic nights are regressed against GDP, consumer spending and a whole host of other variables. The key difference is that we test the correlation between UK GDP growth and visitor nights instead of global (visitor night weighted) GDP.

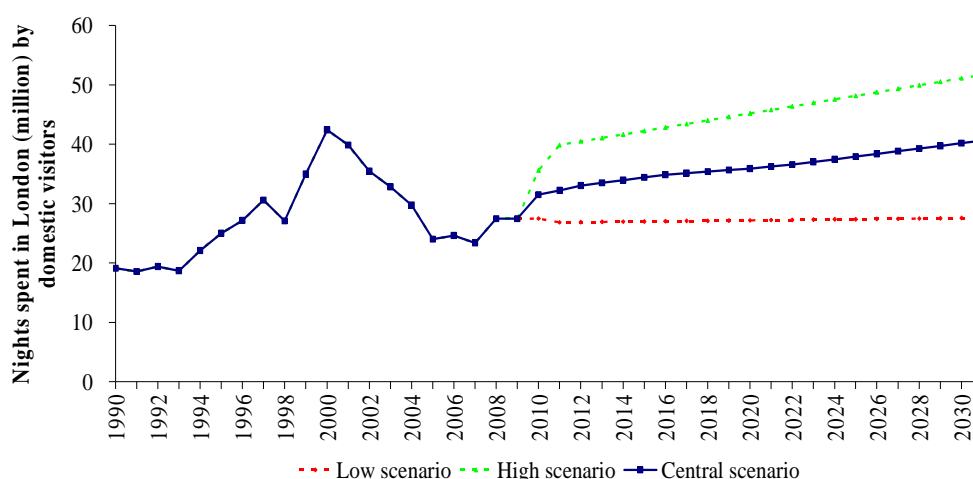
The data sample is annual visitor nights spent in London by UK residents over the 1985-2008 period. The econometric results over this sample period show a relatively weak correlation between UK GDP and the number of visitor nights. This is because the number of visitors nights spent in London fell significantly in 1989. The explanation for this fall is most likely due to a change in the survey methodology in 1989, when the United Kingdom Tourism Survey (UKTS) replaced the previous domestic tourism survey, the British Tourism Survey Monthly undertaken by the British Tourist Authority. Changes in the survey methodology mean that it was not been possible to find a strong relationship between GDP and visitor nights.

So, instead of forecasting visitor nights in line with the growth in UK GDP, we have simply estimated the underlying growth rates. In particular, the underlying growth rate calculated is an annual average growth of 1.2% per annum over the 2012-2031 period. A linear trend is used in the extrapolation which has the properties of a

declining growth rate - ie falling from annual growth of 1.4% in 2012 to growth of 1.1% by 2031.

The number of domestic visitors is expected to increase to a lesser extent, amounting to 23% growth in total from 33 million in 2012 to 41 million by 2031.

Figure A3: Projections of the number of nights spent in London by UK residents



A4 Total international and domestic visitor nights

The total number of visitor nights spent in London by UK and non-UK residents is expected to grow by 46% over the 2008-2031 period, from 118 million in 2008 to 172 million by 2031, at an average annual rate of 1.6%. This annual growth forecast is lower than other forecasts for international tourism reflecting the fact that London is an already well developed and mature market. Growth in European tourism is expected to grow by 3% per annum over the next decade or so as shown in Table A4.

Table A4: Forecasts of average annual growth rates of international tourist arrivals

Region	% Annual growth (1995-2020)
World	4.1
Africa	5.5
Americas	3.9
East Asia & Pacific	6.5
Europe	3.0
Middle East	7.1
South Asia	6.2
Intra-regional	3.8
Long-haul	5.4

Source: *Long-term Prospects: Tourism 2020 Vision*, World Tourism Organization

Our forecast is also slightly lower than Department of Transport's forecasts of international and domestic air passenger numbers to/from the UK², a key driver and indicator of international tourism. Under the assumption of airport capacity being constrained (ie some demand management), the central forecast is that UK terminal passengers would increase from 260 million in 2010 to 455 million in 2030, an increase of 75% at an average growth rate 2.8% per annum. This is again higher than our forecast for London tourism reflecting the market maturity of both the domestic and international tourism market in London.

A5 Translating visitor nights to hotel rooms required

Visitor nights are translated into hotel bedroom demand taking into account occupancy levels, the proportion of visitors who stay in hotels and guests per room. The key modelling assumptions are as follows

- the number of guests per room, which is forecast to remain constant over the forecast period at 1.45.
- the proportion of visitors who stay in hotels and serviced accommodation. In 2008, 35.6% of international visitor nights in London were spent in hotels (where hotels are defined as hotels, guest houses or B&Bs).
- the occupancy rates of hotels: occupancy has averaged around 79% over the past 15 years and is assumed to remain constant over the forecast period.

These new hotel rooms required take into account the growth in international and domestic tourism and visitors to the London 2012 Olympic and Paralympic Games.

Using these assumptions, we have forecasts for overall number of visitor nights and hotel rooms broken down by domestic and international tourists and annually until 2031.

A6 Hotel rooms requirement

Our high level estimates conclude that 1,750 extra ("net") rooms will be required per annum over the 20 year period to 2031, or an equivalent of around **35,000 extra** (or net) hotel rooms over the period.

To meet this target, a total of around 2,250 new ("gross") hotel rooms will be required on average each year, as we also expect a loss of 500 rooms each year. Stronger growth is expected in the first decade with 1,900 net extra hotel rooms per annum required in the first decade to 2021. But as the market matures, growth is expect to slow, with only 1,600 net extra rooms required over the 2022-2031 period.

² UK Air Passenger Demand and CO2 Forecasts, Department of Transport, January 2009.

Table A5: Estimates of the hotel rooms required in London (2012 to 2031)

Period	Estimates of rooms "required"	
	Gross new rooms required	Net extra rooms required (Gross rooms minus loss)
2012-2021	2,400	1,900
2022-2031	2,100	1,600
2012-2031	2,250	1,750

This estimate is around 12% lower than the previous forecast of 2,000 net new hotel rooms produced in 2006, due to both technical reasons and tourism-related factors. Nearly two-thirds of the fall is due to the shift in the timeframe from 2007-2026 to the later 2012-2031 period, where the London tourism market is expected to experience lower growth as the market reaches maturity. The remainder is then due to a lower forecast in visitors to London. Forecasted growth in domestic and international visitors over the past few years has not materialised even allowing for a temporary adjustment due to the global economic recession - international visitors have actually fallen significantly from 101 million in 2006 to 91 million in 2009.

There are significant uncertainties involved in such a long term forecast. The number of hotel rooms required is likely to range from 20,000 net extra hotel rooms to 60,000 net extra hotel rooms.

A7 Travel by disabled visitors to London

In relation to travel propensity by disabled UK resident visitors to London, our estimates are that around 6% of visitors are defined as having 'any disability'. These estimates are based on a number of sources (most notably the UKTS survey) cross-checked and validated with indicators such as motability subscribers, blue badges issued and the proportion of people claiming disability benefits (as described in Section 6.4).

For the international market, it is estimated that the propensity to travel for international disabled visitors is around one-half that of domestic visitors. In other words, 3% of non-UK residents visitors are defined as having 'any disability'.

Combining assumptions from the domestic and international travel markets gives an overall estimate of London visitors with any disability of around 4%.

These 2010 statistics are then projected forward to 2031 on the basis of the following two indicators:

- ONS projections on population growth, where the proportion of over 65s in the UK³ is expected to increase from 16.5% in 2010 to 22.2% in 2031
- assumptions around the reduction in barriers to international travel by disabled travels. In particular, a reduction in barriers is assumed to increase the propensity to travel for international disabled visitors from 50% of domestic visitors to 90% over the 2010 to 2020 period.

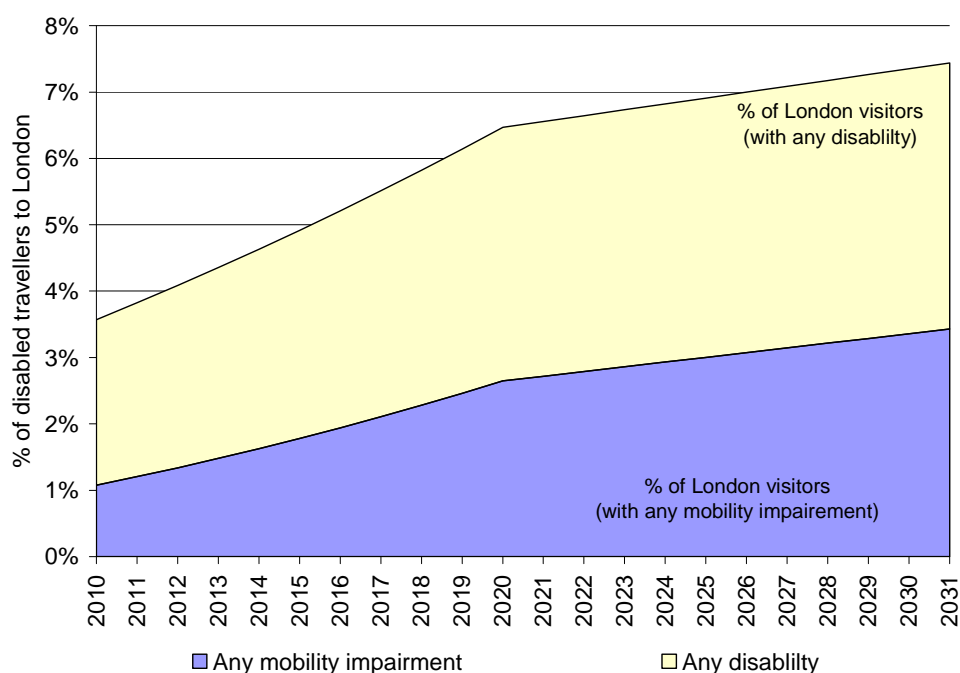
³ 2006-based Subnational Population Projections, Office for National Statistics.

The combined result of these two drivers are that demand by disabled people is expected to grow from 4% to 7.5% of the total over the 2010 and 2031 period. It is also estimated that travel by wheelchair users is 1.3 % of total demand in 2010. This is based on:

- the UKTS survey which reports that 2.1% of domestic visitors to London have a mobility impairment
- the assumption that the propensity of international travellers is one-half that of domestic visitors, implying that around 1% of international visitors to London have a mobility impairment.

The projections are summarised in the chart below.

Figure 1: Projections of the proportion of disabled travellers to London



A8 Demand for accessible hotel rooms

International and domestic demand by disabled travellers is then converted into demand for actual accessible hotel bedrooms given the same assumptions about around the desired occupancy rate, the proportion of visitors who stay in hotels and guests per room, as described in Section A5 above. There is no evidence available to suggest that guest per room or the proportion of disabled visitors who use hotels is less or more than the overall average, so we have assumed that they are the same. This results in accessible rooms required over the 2011 to 2030 period as summarised below.

Table A6: Rooms required

	Mobility impaired		All disabled people	
	Rooms required	% of total rooms	Rooms required	% of total rooms
2010	1,495	1.4%	4,247	3.8%
2011	1,653	1.5%	4,602	4.1%
2012	1,808	1.6%	4,936	4.3%
2013	1,972	1.7%	5,286	4.6%
2014	2,145	1.8%	5,651	4.8%
2015	2,328	2.0%	6,032	5.1%
2016	2,521	2.1%	6,429	5.4%
2017	2,725	2.3%	6,842	5.7%
2018	2,938	2.4%	7,272	5.9%
2019	3,162	2.6%	7,718	6.2%
2020	3,397	2.7%	8,181	6.5%
2021	3,527	2.8%	8,385	6.6%
2022	3,651	2.9%	8,572	6.7%
2023	3,776	2.9%	8,762	6.8%
2024	3,903	3.0%	8,953	6.9%
2025	4,031	3.1%	9,146	7.0%
2026	4,161	3.2%	9,342	7.1%
2027	4,293	3.2%	9,539	7.2%
2028	4,427	3.3%	9,739	7.3%
2029	4,562	3.4%	9,941	7.3%
2030	4,698	3.4%	10,145	7.4%
2031	4,837	3.5%	10,351	7.5%

Source: Grant Thornton projections

B Draft Best Practice Guidance

This is due to be published in May 2010.

C Stakeholder consultations

- David Morris, LOCOG
- Margaret Hickish, LOCOG
- Ross Calladine, Visit England
- Brian Seaman, Tourism for All
- Brenda Wallman, City of London
- Graham Catt, Department Culture Media and Sport

D Planning analysis

Introduction

This section analyses existing borough level policy and recent planning applications to inform our recommendations on changes to London Plan policy on the quantum and design of accessible hotel rooms across the Capital.

There is a drive towards more inclusive environments in planning and urban design and requirements such as Building Regulations, British Standards, and the Disability Discrimination Act all necessitate new buildings and refurbishments to take into account the needs of people with disabilities and to ensure accessibility. National planning guidance (PPS 1) and government guidance (Tourism and Accessibility, DCSM 2010) are also actively promoting inclusion and built environments that can be enjoyed by all people.

Disability was defined in the 1991 census as limiting long term illness, including any long term illness, health problem or handicap which limits a person's daily activities or the work he or she can do. It also includes problems which are due to old age. However, the definitions related to disability and accessibility in planning policies and planning applications seem to take a narrower view, focussing on wheelchair accessibility.

Methodology

We have analysed selected planning policy and applications for both inner and outer London boroughs, including budget and luxury hotels, to ensure a broad geographical spread and an overview of the application of some current accessibility standards across London.

A planning application search was undertaken for the following three inner London Boroughs

- City of London – a world financial and business centre in the heart of the 'Central Activities Zone'⁴.
- Westminster – the heart of Central London, popular with business guests and tourists.
- Greenwich – an East London borough, close to the O2 Arena and in an area of London where the accessibility of hotels will become increasingly important in the lead up to the 2012 Olympic and Paralympic Games.

The search also covered the following two outer London boroughs:

- Hillingdon – a West London borough where a number of hotel developments are currently underway driven by demand arising from activity at Heathrow Airport.
- Bromley – a South London borough on the edge of Greater London.

A planning policy review for the above boroughs has been conducted to analyse existing policy and conformity with the London Plan.

⁴ Central Activities Zone (CAZ) – defined in the London Plan as “the area where planning policy promotes finance, specialist retail, tourist and cultural uses and activities” (2008: p. A65)

Context - The London Plan (consolidated 2008)

Whilst the Building Regulations specify that 5% of all rooms in an application should be accessible, the London Plan currently has no specified quantum of accessible rooms for hotel developments. There is some guidance included in The London Plan Supplementary Planning Guidance (SPG) – Accessible London: Achieving and Inclusive Environment which states that “to address the shortage of accessible hotel accommodation in London, the Mayor will and boroughs should require that all proposals for hotels meet the highest standards of accessibility and inclusion” (2004: p.34).

There are several further documents and guidance outlining minimum regulations and best practice. These include:

- The Building Regulations 2004, Access to and use of buildings, Approved Document M.
- BS 8300:2001 – Design of Buildings and their approaches to meet the needs of disabled people, Code of Practice, BS1 2001.
- The Disability Discrimination Act 1995 (as amended 2005).
- The Principles of Inclusive Design, CABI 2006.
- Designing for Accessibility, CAE/RIBA Enterprises 2004.
- Colour, Contrast and Perception – design guidance for the built environments, Project Rainbow, Bright, Cook and Harris, University of Reading, 1997.

The wide variety of guidance reflects the issue that access standards are in a continuing state of development (with no authoritative document as a single source). Furthermore, most advice is inevitably general rather than specific.

Between the publication of the London Plan in 2004 and the alterations published in 2008, additional wording was inserted into the chapter on ‘Visitors London’ (now para. 3.293). The insertion reads:

Emerging research highlights the need for additional accommodation and facilities for disabled visitors. Designing hotel bedrooms that are fully wheelchair accessible will also provide better facilities for families with children and for older people.

The Policy in the London Plan currently reads as follows:

Policy 4B.5 Creating an inclusive environment

The Mayor will require all future development to meet the highest standards of accessibility and inclusion. DPD policies should integrate and adopt the principles of inclusive design so that developments:

- *can be used safely, easily and with dignity by all regardless of disability, age, gender, ethnicity or financial circumstances*
- *are convenient and welcoming with no disabling barriers, so everyone can use them independently without undue effort, separation or special treatment*
- *are flexible and responsive taking account of what different people say they need and want, so people can use them in different ways*
- *are realistic, offering more than one solution to help balance everyone’s needs, recognising that one solution may not work for all.*

The principles of inclusive design should be used in assessing planning applications and in drawing up masterplans and area planning frameworks. Design and access statements should be submitted with development proposals explaining how the principles of inclusive design, including the specific needs of disabled

people, have been integrated into the proposed development and how inclusion will be maintained and managed.

This supports a wider drive for inclusion by the Mayor, in line with national government policy⁵.

Case study 1: City of London

City of London UDP (adopted 2002)

The adopted City of London UDP has a section entitled 'Hotels, hostels and attractions: standards'. Within this, there is guidance on 'Access and Facilities for Disabled Visitors' with the following wording:

In the assessment of development proposals for visitor facilities the Corporation will give careful consideration to the accessibility of premises for disabled people. The Corporation will require all new and converted hotels, hostels and tourist attractions to be accessible to everyone, including disabled people.

All new and converted hotel accommodation should be built to the standards of the English Tourism Council "National Accessible Standards 2002", or its successor, and should have a minimum of one bedroom out of every 20 specifically designed for use by wheelchair users. Ideally circulation space, and entrance, bedroom and bathroom doors of all hotel bedrooms (not just those specifically designed for wheelchair users) should be designed to be wheelchair accessible to give a greater flexibility and choice to all disabled visitors and ensure that the hotel is generally accessible. The Corporation encourages all hotels to be designed to be accessible to a wheelchair user travelling independently. Further guidance on the facilities needed to achieve this level of accessibility can be obtained from the English Tourism Council or Holiday Care.

All new hostel accommodation should be built to Lifetime Homes Standard. In hostel developments of 20 or more bedrooms, 10% should be specifically designed to be wheelchair accessible or capable of easy adaptation.

This is a more developed policy statement than some other councils and advises that the 5% is a minimum requirement. The encouragement in the policy of all rooms being designed for wheelchair access to provide flexibility appears to be relatively forward-thinking in terms of current practice.

Planning application: 10 Trinity Square, City of London

- Operator: 10 Trinity
- Application for luxury hotel

This application, submitted in November 2008, was for planning permission and an application for listed building consent to enable the alteration, extension and change of use of 10 Trinity Square, a former Port of London Authority building. The proposed development was to re-use the Grade II* listed building as a luxury hotel with ancillary facilities together with private residential apartments. The proposal was granted permission in May 2009.

Whilst the planning statement accompanying the application makes reference to a policy requirement of the London Plan being to ensure 10% of new housing is designed to be wheelchair accessible, or easily adapted for residents who are wheelchair users, there is no reference made to the requirements to provide accessible hotel rooms.

⁵ PPS1: Delivering Sustainable Development elevated the importance of high quality and inclusive design, placing it at the centre of the development process.

The Design and Access Statement makes reference to the Building Regulations, Disability Discrimination Acts and other policy, criteria and guidance. The Access Statement in Appendix C demonstrates how the standards and guidance have been applied. It states that the requirements of Approved Document M of the Building Regulations are to be met where feasible within the constraints of the historic structure, fabric and decoration.

The access statement conforms to the requirements set out in the Building Regulations by providing a minimum of one wheelchair accessible hotel room for every 20 bedrooms. In addition, one wheelchair accessible corporate suite would also be available (or one for every 20 corporate suites).

The principles of inclusive design are intended to be feasible and appropriate for a historic site to ensure that the design benefits the wider population. It is recognised in the design and access statement that accessible rooms benefit disabled people but also older people and parents with children. The needs of these different groups have also been considered in the planning of the wider site infrastructure and public areas.

Case Study 2: Westminster

Westminster UDP (adopted 2007)

The UDP contains a chapter on 'Tourism, Arts, Culture and Entertainments'. Despite their being references to specific access requirements and the needs of disabled people with regard to entertainment uses, no reference is made in relation to hotel provision.

In policy DES 1B of the Urban Design and Conservation chapter, it states that "development should provide safe and convenient access for all". Policy 1C also states that "development proposals should demonstrate how they have taken into account, by use of detailed drawings and a written statement", issues such as accessibility and inclusive design. The policy application states:

Access for all, including people with disabilities is a material consideration. The City Council will expect suitable access to be provided for people with special needs, where it is practicable and reasonable to do so. It is important that applications for changes of use which provide a service for visiting members of the public, for example shops, banks, doctors' surgeries and recreation facilities, including restaurants, pubs and bars, incorporate satisfactory access for people with disabilities.

Due to the number of listed buildings in Westminster, the UDP also states that If access is not provided, then applicants will be expected to demonstrate effectively that access provision has been considered and is neither practicable nor reasonable. However, it is suggested that even where it is difficult to make changes in design terms, it is usually possible to effect some improvements for wheelchair users.

Inclusive Design and Access SPG (2007)

This document asserts that "all proposals, whether they relate to new developments or alterations to existing buildings, should from their inception consider the implications of providing inclusive access and the details which are submitted as part of any application should reflect this process". Measures are listed for existing buildings and new buildings.

Applications relating to existing buildings require:

- Access strategy – detailing the applicant's philosophy and approach to inclusive design.
- Access audit – demonstrating specific, as opposed to strategic, reasons for any proposed alterations.

For new buildings, applicant's should provide:

- Design and access statement – clarifying the design features which have an impact on access.
- An access strategy and access audit should be included in the design and access statement.

The guidance strongly encourages applicants to seek professional advice on inclusive access issues, stating “while there is a growing awareness of the needs of disabled people and the requirements within the legislation, the detailed design and implementation of proposals remains an area requiring a significant level of expertise”. The document suggests the following could be included:

- appropriate floor surfaces;
- position of handles and handrails;
- differing acoustic properties of certain materials;
- tonal contrast to surfaces and obstacles such as stairs;
- installation of hearing enhancement systems such as infra-red and induction loops; and
- signage, including talking signs.

Planning application: The Quadrant, Regent Street, Westminster

- Operator: Crown Estate)
- Application for 5* hotel

A planning application was submitted in June 2007 (amended in February 2008) for a 160 room 5* hotel as part of the demolition, retention, restoration and redevelopment of the Regent Palace Hotel. Development was permitted in April 2008 (07/05069/FULL).

The Design and Access Statement states that the proposals for the new hotel have been designed so that access has been considered as an inherent part of the design development, from feasibility to the detailed stage of design. This is considered to have enabled the designers to consider not only statutory requirements for disabled access, but also to aspire to the highest standards for inclusive access. In addition, a detailed appraisal of the proposals was undertaken by David Bonnett Associates (DBA). The document includes the following considerations in relation to disabled access:

- The public access to enter, and circulate and exit the hotel and public areas is inclusive for all and does not present barriers to people with disabilities.
- There are step free routes to all parts of the hotel and public areas.
- A repetitive plan form at each level makes it easy for people to navigate and find essential facilities.
- As far as it is possible where the retained parts of the listed building are adapted then the opportunity is taken to provide improvements that achieve reasonable access for disabled people.

The ‘Access Statement for Planning Permission’ (by DBA and attached as an appendix to the Design and Access Statement) states that of the 160 rooms, 5% of these will be fully accessible. The following will also be considered:

- All accessible bedrooms will be designed to Approved Document Part M 2004 recommendations and current recommended standards.

- There will be the equivalent level of choice in terms of type, location and style as other standard bedrooms.
- Either a bath or a shower will be provided in each hotel room.
- Auxilliary aids and equipment such as vibrating pillows should be available.
- All associated facilities such as meeting rooms, business centre etc. will all be accessible via lifts.

Case Study 3: Greenwich

Greenwich UDP (adopted 2006)

In regards to 'Access for People with Disabilities', the UDP states in Policy D6 that:

Applications for development (including the alteration, extension or change of use) of buildings and land to which the public have access should, where practical and reasonable, provide suitable access for disabled people.

The justification for this policy is as follows:

Many buildings and open spaces are inaccessible to disabled people. Developers and other agencies should consider the needs of disabled people who might use the building or outdoor spaces as a place of work, or as visitors or customers. Proposed developments must comply with the guidelines on access for the disabled 'Designing for Accessibility' (published by the Centre for Accessible Environments and available from the Council's Access Officer). The Disability Discrimination Act 1995 contains provisions to improve access to services for disabled people

Policy T1 of the UDP relates specifically to tourism and hotels and states within it:

(v) that all aspects of the development are accessible to those with sensory or mobility impairments.

Planning application: 43-81 Greenwich High Road, Greenwich

- Operator: Premier Inn
- Application for budget hotel

A planning application was submitted in December 2008 for a 150 bedroom budget hotel on behalf of Premier Inn (following an approval for a 102 bedroom hotel under Outline planning permission dated 11.10.06). Planning permission for this development was granted in April 2009 (09/0092/F).

The Planning Statement includes information in the introduction to the proposal in regards to accessible rooms, stating:

The development provides 8 wheelchair accessible bedrooms, which equates to just over 5% of the total. The rooms are laid out with different bathroom combinations in order to give choice of shower or bath to disabled guests.

There is also a statement saying that Premier Inn is committed to providing an inclusive hotel in accordance with the UDP policies and national objectives. Further detail on accessible rooms is provided in the Design and Access Statement.

There is a specific section of the Design and Access Statement relating to disabled access. This outlines the inclusive design philosophy and also refers to the sources of advice and

guidance – which includes the Building Regulations, DDA requirements and British Standards. The information then repeats what was written in the planning statement in relation to just over 5% of rooms being wheelchair accessible and a choice of bathroom facilities. With regard to specific details, it states that all of the accessible hotel bedroom entrance doors have 300mm offset to the leading edge of the door and doors on all circulation routes will have defined minimum opening pressures (20N) or be power assisted. It is stated that décor within the building's interior will distinguish walls, floors and doors and the acoustics of internal spaces will allow people to converse easily. It also says that the restaurant and bar will be accessible and that full compliance with Approved Document Part M of the Building Regulations is anticipated.

Case Study 4: Hillingdon

Hillingdon UDP (adopted 1998 - saved policies September 2007)

There is no reference to accessibility in relation to tourism or hotel development within the Hillingdon UDP. However, Hillingdon does have a Supplementary Planning Document relating to accessibility.

Hillingdon Design and Accessibility Statement SPD (2006)

This document offers practical advice and guidance to applicants submitting proposals for development within Hillingdon. It highlights the wider benefits of inclusive design, stating that “people with young children, older people, people with temporary disabilities and many others will benefit from accessible, convenient and hospitable buildings”.

This document is a material consideration in determining planning applications and is intended to supplement policies in the emerging LDF.

In regards to hotel bedrooms, the guidance states that:

- At least one accessible bedroom should be provided for every 20 bedrooms, or part thereof.
- Accessible bedrooms should comply with the requirements outlined in Approved Document M of the Building Regulations. All rooms should also be visitable by a wheelchair.

Planning application: Airport Bowl, Hillingdon

- Operator: ?
- Application for luxury hotel

A planning application was submitted in December 2008 for the redevelopment of the Airport Bowl site on Bath Road (38807/APP/2008/3493). The scheme proposed replacing the existing bowling alley building and car park with a 5* hotel building providing 560 bedrooms, associated restaurants and spa. Planning permission was granted in March 2009.

The Planning Statement makes only one reference to requirements for disabled access where it quotes Chapter 4B of the London Plan which states that new developments should be accessible. Information relating to accessibility is contained in the Access Statement.

The Access Statement refers to the Building Regulations, the Disability Discrimination Act, additional standards and best practice and the Hillingdon Design and Accessibility Statement SPG (see above).

Access is considered on numerous levels from obvious issues of lifts and stairs to details of the bedroom layouts and hearing enhancement systems.

It is noted that current Building Regulations Part M requires 1:20 or 5% of hotel bedrooms to be wheelchair accessible. This is also supported by the Design and Access SPD for Hillingdon. However, reference is also made to recent research and the Hotel Demand Study which recommend that a larger percentage of accessible rooms should be achieved wherever possible given the likely increased demand in general, and specifically in relation to the Olympics.

The opening project description of the Access Statement proposes that 58 of the 560 guest rooms are potentially accessible bedrooms. This equates to a minimum of 5% fitted from the outset, with the possibility to increase to 10% if additional demand is identified. The aim is to ensure the scheme meets mandatory access standards but that it has the capacity to meet best practice standards.

It is proposed that there are accessible bedrooms on all levels, located close to main lifts. A choice of the locations and internal fixtures and fittings have been considered.

Case Study 5: Bromley

Bromley UDP (adopted 2006)

With regard to tourist-related development, the UDP states that the Council will encourage improved access to hotels for people with disabilities. There is no further policy information.

Planning application: Yeoman House, Bromley

- Operator: Travelodge
- Application for budget hotel

A planning application was submitted in December 2008 for a change of use of the sixth to eighth floors and all of the ninth floors from office use to an 89 bedroom budget hotel (DC/08/04090/FULL3). Planning permission was granted in February 2009.

The Planning Statement recognises the requirements of the London Plan to create an inclusive environment. There is no further reference made to accessibility in the Planning content.

The Design and Access Statement asserts that of the 89 bedrooms, 5 will be accessible rooms for disabled guests. This equates to just over the 5% minimum requirement. The access statement also says that a key element in the design has been the need to take account of the accessibility requirements of all those visiting the hotel to accord with Travelodge's policy of equality, inclusion and accessibility, as well as with the DDA. It is proposed that the internal design of the hotel – including door widths and thresholds – will be in accordance with current Building Regulations.

Conclusions

General research concerning planning policy and applications, in addition to the five specific studies reviewed have suggested the following:

- 1 The level of detail regarding accessibility in planning statements and design and access statements varies quite considerably between applications;
- 2 There are no overarching policy standards that are being enforced;
- 3 The majority of hotel applications seen provide the minimum requirement of 5% accessible rooms, in line with the Building Regulations, but do not exceed this;

- 4 The levels of provision specified do not differ between different grades of hotels but the applications for luxury hotels seem to allow for more flexibility;
- 5 Accessibility is often taken to mean those who have mobility impairments and does not extend to other disabilities such as provision for those with a visual or hearing impairments.

E Data sources

E1 Available data sources

This appendix sets out the key data sources analysed to understand the context within which a new London plan policy will operate. There is an overall shortage of data on actual accessible demand and supply, something highlighted in the 2006 Hotel Demand Study. The table below summarises the key sources, split by those affecting (i) demand and (ii) supply.

Figure E.1: Sources of data

Source	Description
Demand	
London Visitor Survey (TNS Travel and Tourism for LDA and Visit London)	<p>This outlines the places visitors come from, the proportion of domestic visitor, their main reason for visiting. Relevant variables analysed include:</p> <ul style="list-style-type: none"> • average nights stay in London (leisure and business travellers) • tourist markets for London - can approximate size of overseas market • proportion of visitors to London who stay in paid accommodation <p>The London Visitor Survey does not currently provide separate statistics on disabled people or older people.</p>
UK Travel Survey (ONS, Visit England)	<p>This is the main survey of UK domestic travel including visitors to London and should be used alongside the London Visitor Survey. It measures the volume and value of UK tourism including, in 2009, the number and expenditure of disabled travellers. This is the key data source for estimation of demand as it provides the best estimate of current demand. Early provisional data on visits to London by disabled people has also been provided.</p>
International Passenger Survey (ONS, VisitEngland)	<p>This is the main source of volume and value statistics for inbound international travel. Relevant variables analysed include:</p> <ul style="list-style-type: none"> • average length of stay in the UK • spend per visitor. <p>This has been used to balance the number of overall visitors to London, both domestic and</p>

Source	Description
	international.
Census (ONS)	The 2001 survey gives the latest estimate of the number of disabled people. It does not, however, provide any details on the type of impairment. Having said this, relevant variables for this exercise might be: <ul style="list-style-type: none"> number (or proportion) of disabled people in UK. Other national surveys can give similar proportions from main tourist markets.
Demographics (ONS, GLA)	The demand assessment takes into account population projections for the UK population.
Supply	
Hotel Development Monitor (Visit London)	This survey is commissioned by Visit London and carried out by TRI and sets out recent and forthcoming hotel developments. This is used to estimate the total supply of hotels rooms.
www.directenquiries.com (Direct Enquiries)	This sets out the current number of independently audited accessible rooms. Research has not covered every hotel in London. This has informed our assumption of the current number of accessible bedrooms
GLA Development Database	This provides the number of hotels which have received planning permission. Similar to the Hotel Development Monitor, this sets out the number of hotels and hotel rooms that are likely to be built in the next few years.

Data utilised for the modelling is also summarised in the tables below.

E2 Domestic visitors

We know already the numbers of visitors to London and have projections of these over time. We need to make some assumptions to estimate the numbers that might require an accessible bedroom. We can do this in two ways:

- by estimating the proportion of visitors who may need one (disabled or older visitors) or
- by taking the number of disabled and older people domestically and estimating their propensity to travel.

The tables below outlines the possible sources of evidence we can use to inform assumptions.

Figure E2 : Numbers of disabled people

Data source	Evidence and implications
Census	<ul style="list-style-type: none"> • In 2001, nearly 11 million people reported a long-term limiting illness (18% of overall population). • The census also gives the prevalence of long -term limiting illnesses by age group. Below the age of 30, the rate was 10% for men and women. Between the ages of 45 and 59, this was just over 20% for men and women. Between the ages of 60 and 74, this was 41% for men and 38% for women. • This statistic may help approximate the number of domestic visitors to London that are disabled - it differs from the indicator above because it includes people of all ages. We can also approximate the number of older people with mobility restrictions using this survey.
Research report- Audit Commission, Fully Equipped, 2000	<p>This study estimated that in the UK, at least seven million people are disabled, including:</p> <ul style="list-style-type: none"> • 400,000 users of orthotic footwear or callipers • 65,000 amputees who use artificial limbs • between 640,000 and 750,000 wheelchair users • nearly a million people who need equipment to help them to live independently in the community • two million people who use a hearing aid • this study, using sources such as the Health Survey for England, can be used to estimate the overall number of disabled people (12% of population) and wheelchair users (1.2% of the population on the upper range).
Disability Rights Commission (DRC), 2006	<ul style="list-style-type: none"> • The 2006 estimate of the number of disabled people of working age in Britain by the DRC was 6.8 million.
Family Resources Survey, ONS, 2002	<ul style="list-style-type: none"> • This survey estimated there were 9.8 million disabled people in Britain.
Research report - Register of Blind people, NHS information centre, 2008	<ul style="list-style-type: none"> • In 2008, just over 300,000 people were registered blind or partially blind. • This is much less than the number of people who have problems with mobility (the table below gives this as 6.6 million).

Estimates of the numbers of disabled people vary as do their definitions. At the upper end the estimate is 11 million people and at the lower end, 6.8 million. We would need to apply a range of proportion estimates to the number of domestic visitors to London.

Figure E3 : Numbers of older people

Data source	Evidence and implications
Research report - Department of Health, Health Survey for England, 1995	<ul style="list-style-type: none"> • This report showed that among people aged 65 and over, 37% of men and 40% of women reported having at least one functional limitation (seeing, hearing, communication, walking, or using stairs). • Fewer men (39%) than women (47%) aged 65 and over reported any difficulty with walking a quarter of a mile. Both the prevalence and severity of this mobility problem increased with age. • These estimates allow us to estimate the numbers of older people who may have impaired mobility.
Research report - Office of National Statistics, Older People Focus, 2005	<ul style="list-style-type: none"> • This report showed there were 20 million people over the age of 50 in the UK in 2003. • The old population is also ageing: people aged 85 and over represented only 1.6 per cent of the 50 and over population in 1951, but represented 5.5 per cent in 2003 and are projected to be 9.1 per cent in 2031. • The increasing number of over 65s and 85s in the UK is a trend which is also affecting European countries.
Research report, PSSRU, 2006	<ul style="list-style-type: none"> • The Personal Social Services Research Unit (University of Kent and London School of Economics) was commissioned by the Department of Health to look at the number of elderly disabled people requiring long term care. • This work produced a model that projected the number of disabled older people will increase by around 70% between 2002 and 2031 and by around 98% between 2002 and 2041.
Office of National Statistics	<ul style="list-style-type: none"> • Population projections are available up to 2033, and provide a breakdown of the age structure of the population. For instance, it is projected that 23% of the population will be over 65, compared to 16% in 2008. • The underlying data for the 2033 estimate is to be released on 21 October 2009. The current data is shown in the chart below.

Propensity to travel

Data on the propensity of disabled people to travel around the UK is limited. Therefore a number of proxies have been used, as set out below, which give an indication of the likely demand for travel by disabled people.

Figure E4: Summary of evidence on propensity to travel

Data source	Evidence and implications
Research report - Department for Transport, Evidence base review on mobility, 2006	<ul style="list-style-type: none"> • This report is based largely on evidence collected by the Disabled Persons Transport Advisory Committee in 2002 which covered trends in travel by disabled people, which may of limited use in this study. • It shows that disabled people travel a third less than the non-disabled population and have less access to independent transport. • Travel by escorted car is the most popular form of transport.
Disability living allowance, DWP	<ul style="list-style-type: none"> • In November 2008, just over 3 million people were claiming the DLA. • DLA is for children and adults (up to age 65) who are physically or mentally disabled for help with mobility and personal care. It can be paid whether the recipient is in or out of work and therefore may be a good proxy in estimating the number of people with mobility difficulties. • Given a UK population estimate of 60 million in 2007, this suggests 5% of the population were disabled. • This dataset is available over time, going back to 2002 - as shown in chart below. • In addition to DLA, another entitlement for those over the age of 65 and with severe disabilities is Attendance Allowance. • This statistic may help approximate the number of domestic visitors or domestic disabled people with mobility difficulties.
Motability	<ul style="list-style-type: none"> • This Government sponsored scheme is designed to support those with restricted mobility through financing of cars and specially adapted vehicles. • The scheme supports 510,000 people and estimates another 1.3 million people are eligible. • Eligibility for the scheme requires applicants are in receipt of the Higher Rate Mobility Component of the DLA or receive the War Pensioners Mobility Supplement.
Blue Badge Scheme, Department for Transport	<ul style="list-style-type: none"> • The Blue Badge scheme provides people with on street parking concessions when they have difficulty walking. • DfT estimate that in 2007, 2.3 million badges were on issue. This equates to 3.8% of the population. • This dataset is available back to 1997 and could be a

Data source	Evidence and implications
	proxy for people who have mobility difficulties and travel.
Labour Force Survey	<ul style="list-style-type: none"> • In 2001, there were 6.8 million disabled people of working age in the UK, defined by the number of males (aged 16-64) and females (aged 16-59) with a long term or work-limiting disability. • This statistic is a snapshot, and suggests that in 2001, 12% of the workforce were classed as disabled. • Levels of disability increase with age. 8% of those aged 16-17 years have a current long-term impairment, compared with 33% of those aged 50 to 65 and 42% of people over 65. • This statistic may help approximate the number of disabled people who have a disposable income and are able to move between locations. This participation rate may be a good basis for approximating the number of disabled people who may take holidays.
Research report - Health Focus, ONS, 2006	<ul style="list-style-type: none"> • This report looks at those reporting long term limiting illnesses and trends with variables such as geography, housing tenure, skills, marital status etc. • This shows that of those reporting illnesses, 36% are economically inactive.

Figure E5: Forecasting over time

Data source	Evidence and implications
ONS National Population Projections	<ul style="list-style-type: none"> • Over the last 25 years the percentage of the population aged 65 and over increased from 15 per cent in 1983 to 16 per cent in 2008, an increase of 1.5 million people in this age group. This trend is projected to continue. By 2033, 23 per cent of the population will be aged 65 and over compared to 18 per cent aged 16 or younger. • This can help us project the demand for accessible rooms going forward by assessing how an ageing population may require more accessible rooms. We know that age is correlated with disability. With an older population, we can expect more disabled people.

The types of disability are also worth exploring to understand how the design of accessible rooms may need to be developed to address these.

Figure E6 : Breakdown of disability from a medical model perspective

Data source	Evidence and implications														
General Household Survey	<ul style="list-style-type: none"> • This 2002 survey looks at conditions which affect those people with a long term limiting illness. The top five are (in order of prevalence): musculoskeletal, heart and circulatory, respiratory, nervous system and digestive system. • This survey tells us that conditions such as arthritis and back pain affect about a third of men and women with a long term limiting illness. • This can help us develop our understanding of the main barriers for disabled users. 														
Family Resources Survey	<ul style="list-style-type: none"> • This 1996/97 survey highlights the disabilities among adults reporting a long term limiting illness. The table below summarises the main disabilities reported. <table> <tr> <td></td><td>%</td></tr> <tr> <td>Mobility</td><td>72</td></tr> <tr> <td>Dexterity</td><td>35</td></tr> <tr> <td>Personal Care</td><td>35</td></tr> <tr> <td>Hearing</td><td>34</td></tr> <tr> <td>Behaviour</td><td>29</td></tr> <tr> <td>Seeing</td><td>23</td></tr> </table> <ul style="list-style-type: none"> • This is in line with findings in the General Household Survey. • This can also help us develop our understanding of the main barriers for disabled users. 		%	Mobility	72	Dexterity	35	Personal Care	35	Hearing	34	Behaviour	29	Seeing	23
	%														
Mobility	72														
Dexterity	35														
Personal Care	35														
Hearing	34														
Behaviour	29														
Seeing	23														

E3 International visitors

The IPS gives us the origins of all international visitors to London -14.7 million visits were made from overseas in 2008.

We will need to estimate the possible proportions of people from these countries that may benefit from provision of accessible rooms. The proportion of disabled people in each of these countries is listed in the table below. The data is taken from United Nations database - DISTAT, and from World Health Organisation sources. Data is collated from individual countries census records and from levels of social security benefits given to disabled people. Caution is given in comparing datasets - the definition of disability will vary as will the year the data was collected.

Data has been collated for the top 30 destinations but is summarised below for the top 10.

Propensity to travel

A handful of sources have been identified to inform our estimates of propensity of disabled people to travel overseas:

- 1% of passengers on scheduled flights need some form of mobility assistance at European airports (7 million passengers)⁶
- A survey of disabled adults in the US in 2005 showed that 16% have travelled outside the continent in the two years prior to the participating in the survey. This assumes internet access⁷

Figure E7: Disabled people in London visitor markets

Country	Proportion of total population disabled and year of estimate	Population estimate, 2005, (millions)	Number of visitors to London (000) ⁸
USA	15.0% (1994)	300	1,917
France	0.46% (1995) ⁹	61	1,410
Germany	8.4% (1992)	83	1,064
Italy	5.0 % (1994)	59	986
Spain	15.0% (1996)	43	897
Ireland	3.45% (1981) ¹⁰	4	730
Netherlands	11.6% (1986)	16	656
Australia	18.0% (1993)	20	585
Canada	15.5% (1991)	32	503
Poland	9.9% (1988)	38	441

Source: DISTAT, UN Demographic Yearbook, World Health Organization, IPS

⁶ 'Disabled passengers get new rights to fly', Travel Video News, 2005

⁷ Harris Interactive, Open Doors Organization, *Research among adults with disabilities: Travel and hospitality*, 2005

⁸ IPS

⁹ Calculated on the basis of number receiving social/disability benefit and from European statistics from the World Health Organization

¹⁰ UN statistics on prevalence of disability among over 15s

E4 Overall usefulness of data

The data summarised above has been used to varying degrees in carrying out analysis of trends and for forecasting the number of hotel rooms and accessible hotel rooms. Key data sources used are:

- IPS data, which is used to determine the number of international visits and nights
- UKTS data on the propensity of disabled people from the rest of the UK to travel to London.

The various statistics on the propensity for disabled people to travel are also essential input into the analysis, although it should be noted that the statistics used are largely based on the medical model, rather than the social model of disability.

F Focus group

Accessible hotels discussion

On 5 October 2009, a group of disabled people met to discuss the barriers they encountered when using hotels, particularly in London. The discussion took place in the context of research into accessible hotels in London to help provide a robust evidence base for a revised planning policy in the London Plan. The aims of the project were set out in the project brief as follows:

The Client, on behalf of the Mayor, invites Consultants to submit a proposal to undertake a research project that will review the supply and demand for wheelchair accessible hotel bedrooms in London, will provide the evidence to support a revised London Plan policy and draft Best Practice Guidance which demonstrates how the policy can be met in London.

The specific aims of the project are as follows:

- The Client requires a recommended policy wording, which sets an appropriate percentage of wheelchair accessible hotel bedrooms in new developments in London, backed up by the appropriate evidence based research.
- The selected Consultants should scrutinise the design guidance currently available for wheelchair accessible bedrooms in hotel developments and to draft best practice guidance to provide advice to planning applicants on how to meet the new standard, in the context of inclusive design principles, when making hotel planning applications in London.

Several observers from LOCOG (London Organising Committee of the Olympic Games) attended, given the need to ensure a high quality visitor experience for disabled and older visitors and participants in the Olympic and Paralympic Games in 2012.

All the participants were professional people, working in a range of sectors from law to the arts. All were wheelchair users, and they had a range of other access needs, ranging from warm environments to electric beds. Many of them were PA users, and some needed to use independent living equipment such as hoists.

The project was described to participants, and its purpose explained as teasing out the barriers to staying in hotels with a view to:

- Raising disabled people's quality of experience through better design
- Increasing provision through improved flexibility of accommodation
- Consequently increasing take-up by disabled people

Members of the project team for the hotel demand project and staff from LOCOG, in particular the accommodation team, observed the discussion. Observers were able to ask questions of the assembled disabled people during the course of the discussion.

The discussion was structured around the hotel 'journey': finding information and booking a hotel room; getting to the hotel and getting into the hotel; using the bedroom, bathroom and public areas; and giving feedback to the hotel. In addition, participants were asked if they knew of any good examples of accessible hotels, and some discussion took place about the role of the planning guidance to be produced and LOCOG's role in preparing for the 2012 Games.

Participants were asked to consider, during the course of the discussion, the range of barriers they might face, such as barriers in organisational systems, information and communication, attitudes, and the physical environment. They were also asked to think about trends over the past 5 to 10 years: had things got better or worse?

What disabled people want from hotels can be summarised by paraphrasing the words of one of the participants:

to find a suitable hotel, with all the facilities that we've asked for, stay at the hotel without having to complain about inadequate facilities or inappropriate attitudes, do what we've gone there to do, and for the hotel just to fade into the background.

Key points from the discussion have been drawn out below using the stages of the hotel 'journey'.

Getting information about and booking a hotel room

- There is a difference between reservation systems, some of which are not managed by the hotel itself. It's best to go direct to the hotel and ask for specific information, but this is time and energy consuming.
- Overall standards within a hotel chain, or between hotels in one chain, are not consistent, nor is the terminology they use for their facilities. There are supposedly brand standards for chains, but disabled people need to know what these are – and they aren't always necessarily implemented across the whole chain.
- Disabled people often have to give personal information about their impairment – and even doing that doesn't guarantee access. Linked to that, we need to explain about the equipment we use in order to ensure access for that equipment – for instance, mobile hoists.
- It's not clear what 'access' means when a hotel says they are accessible – certain needs are not catered for, and if the information was clearer, that would be clear and could be more easily addressed.
- The people providing the information about access at the hotels often have little knowledge about what's available at their own hotel.
- Information given is often unreliable. So when a disabled guest arrives, the facilities they need have not been booked or are not as represented at the time of booking.
- Tourist information centres can give quite good information – sometimes!!! They may have done surveys of local hotels, and it's worth asking.
- Hotels may indeed have made lots of progress in the last few years, but we can't find out about it. High staff turnover means that it's important to introduce systems around information provision – otherwise it's too difficult to find out about available facilities.

- Disabled people need confidence to find things out – and not all of us have that.
- The quality of information needs to be improved – the National Accessibility Scheme was not considered to be helpful. Participants felt this is because it's not implemented by people who use access. Direct Enquiries was noted as being useful but its users are aware they often do not get the room they book when they arrive at the hotel.
- A parallel was drawn with families who book a family room and then it is not provided. But disabled people need a guarantee of accessibility – it's not an optional extra.
- Allocation of rooms sometimes causes a barrier. Participants felt that accessible rooms were let to non-disabled people because there is more space. An example was given of a connecting room which was needed for a PA being let on a long-term basis, so being unavailable.
- A positive trend is the option of phoning the hotel direct to book or booking on the internet – but in both cases information needs to be available and accurate. And online booking can be impossible because the information needed is not available online.
- The fact that disabled people cannot book hotels at short notice is a problem – we can't just turn up and stay, but we are subject to the same outside influences (such as transport disruption) as other people, which may prevent us planning ahead.

Getting to and getting into hotels

- Directions are often given from train or bus station, or taxi drop-off – disabled people also need directions to/from blue badge parking.
- Hotels may charge for blue badge parking – but there may not be wheelchair accessible public transport in the vicinity.
- There are often height restrictions for underground or multi-storey car parking and these may not be explicit. The height should now be at least 2.6m.
- There may also be barriers to get into and out of the car park – and it is difficult to reach the button, or do what is required to get into the parking lot.
- The level of local accessibility should influence the level of accessible parking provided, so should the level of accessible rooms – for instance, if there are 10% accessible rooms there should be at least 10% accessible parking, or more if visitors who are not staying are taken into account.
- Should local authority planning departments be considering parking requirements when they approve hotel builds?

Using the facilities – bedrooms, bathrooms, public areas

- Hotels often only offer twin rooms – double beds are difficult to get.
- Two wheelchair users in a room is impossible – the space is inadequate. There needs to be sufficient space in double rooms – and a twin requires even more.
- At least some rooms with height-adjustable beds should be provided – bed height is health and safety issue for employers of PAs, who have a duty of care to their employees.
- There is a problem with rooms for PAs when connecting rooms are not / cannot be provided. PAs are put into different rooms on different floors. They need to be in connecting rooms – especially as there are often problems getting a

mobile phone signal, and some lower priced hotels don't provide telephones, so there is no means of communication. Providing a twin room for the disabled person and their PA may not be appropriate depending on the gender mix or the relationship, and some PAs and their employers don't want to share a room.

- Even where there is a policy of a free room for a PA, this is discretionary. Participants felt that a complimentary room for a PA is a reasonable adjustment, but were uncertain about challenging it through the courts.
- Some disabled people need space for 2 PAs in the same room.
- Rooms need to have space that can be used flexibly.
- Rooms are often cold, there may be no means of controlling the heating, and even if there is, the controls don't always work. Individual disabled people may have very specific requirements relating to temperature, and hoteliers need to be able to make reasonable adjustments.
- The hotel's capacity to undertake minor jobs like changing fuses and so on is limited unless staff are creative – sometimes hotel staff don't even have access to basic tools.
- In the room, disabled people need to be able to:
 - get safely on and off bed (for instance, if it's too low it's difficult / impossible to get out of) and there is no standard approach to bed height;
 - access the toilet, possibly using a shower chair (so grab rails may or may not be important, and might be an obstruction and sinks often get in the way) but toilets are often very high – there is no standard approach to toilet height;
 - have a wash - wet rooms are most helpful for many disabled people (though not all) and many accessible rooms do not have them.
- A range of different sorts of rooms should be accessible – family, luxury etc. Disabled people have families, and some want luxury, just like non-disabled people.
- Beds are not always comfortable and the availability of e.g. mattress toppers would be a reasonable adjustment.
- Bed position is crucial because of reaching e.g. light switches. This could be solved fairly simply with e.g. remote / voice control for electrics or moveable beds.
- There is a negative trend where everything is becoming smaller – it's not possible to get a wheelchair around some beds in newer / refurbished hotels.
- Our expectations of rooms should be higher – we do not need or want care hotels but want the same standard and quality of hotel as nondisabled people, while ensuring our access needs are met effectively. In particular, providing ceiling hoists does not mean the room has to look like a hospital.
- It is important to ensure that disabled people know what the procedure is in the event of a fire, and staff know if assistance is required.
- Doors – keys could open the bedroom door as well as unlock it – also doors around the hotels – heavy doors are difficult for lots of people, not just disabled people. Doorways are often not wide enough.
- Lack of accessible toilet facilities in communal and conference areas may cause disabled people to have to access these elsewhere, some distance from the event they are attending.
- Extra facilities, such as luggage trolleys, are not always provided.

Giving feedback

- If non-disabled people couldn't wash or use toilet in their hotel room they would be outraged. We don't expect to have an accessible experience – inequality persists but we should be able to expect that the hotel takes seriously its responsibility to ensure that the experience of disabled people matches that of non disabled people.
- Complaining is intrusive, as we often need to provide personal details to support the complaint.
- The balance of responsibility needs to shift – the hotel should be responsible for fulfilling stated access needs, rather than the disabled person responsible for demonstrating that their needs weren't met.
- Disabled people are taxpayers who fund e.g. local authority planning departments, and we are customers who pay for hotel rooms, so hotels should be providing what we need and planners should be putting pressure on them to do so.
- It is easier to ask for assistance in top end hotels – there is a higher service standard and all customers expect more assistance, so we are just like the others.
- There is a need for training – many staff, even in 'good practice' hotels don't necessarily know how to behave towards disabled people. One participant's PA was asked, on arrival at the hotel: 'Is she coming down in that machine?'

Positive examples

- Good practice internationally – the Accor chain.
- The Grand in Brighton – but the standard of assistance is high for everyone and therefore also for disabled people – we are not 'special' – just like everyone else.
- Additional issues for the observers
- Participants expressed concern about the proposed good practice guidance:
- What is the point of the guidance if Local Authorities doesn't and disabled people can't enforce it? If hoteliers already met their obligations under DDA, or if compliance with existing standards was inspected and enforced, hotels would be more accessible.
- Is there such a thing as generic accessibility?
- Participants felt that the barriers had been identified time and time again, and what was needed was for providers to take notice.
- Working in partnership with the tourism industry has not really made hotels more accessible, more levers, enforcement and compliance was felt to be needed.

Participants also expressed views about LOCOG's role in promoting access to hotels:

- LOCOG's preferred supplier status is really important – access should be part of the core criteria for a) getting and b) maintaining that status.
- LOCOG has substantial leverage – there are high global expectations of London's access standards.

Attendees**Participants**

With particular thanks to the disabled people who brought their insights, experiences and expertise to the discussion:

Andrew James
Dave Morris
Haqeeq Bostan
Jonathan Kay
Ju Gosling
Julie Newman
Katherine Araniello
Lucy Davies
Mariastella Nash
Nick Goss

Observers

Safia Khatri (Grant Thornton)
Julie Fleck (GLA)
Shaffique Manson-Visram (Design for London)
Anna Johns (LDA research consultant)
Terry Miller (LOCOG)
Donna Taylor (LOCOG)
Niall Beard (LOCOG)

Facilitator

Alice Maynard (Inclusion London)

G Questionnaire used with hotels

Questionnaire used in hotel supplier consultations:

- Role of interviewee
- What is provision of accessible rooms, how are these defined?
- What is the definition of accessibility (particular legislation or guidance used as a basis)?
- What are your policies on accessibility and inclusive design?
- What are your commercial considerations - increasing size of rooms, profitability, occupancy, do they have to turn disabled people away?
- What are particular features of accessible rooms - what makes them accessible?
- What are average room sizes and occupancy rates in London ?
- Is there any indication of occupancy rates in specific accessible rooms or how many customers use wheelchairs?
- How do non-disabled visitors use family rooms/accessible rooms?
- Are there plans for development in London and how accessibility within this?
- Do you have any views on the Olympics, Paralympics and demand in 2012?
- Do you know about the National Accessible Scheme?
- Is there any staff training in use of specialist facilities and on DDA?

H Sample access information sheet



ADDRESS

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Email: reservations-bloomsbury@ihg.com
Web: www.holiday-inn.co.uk

Holiday Inn London-Bloomsbury is a modern and stylish hotel in London's West End, perfectly located for all of your leisure and business needs. The hotel can be found just off Russell Square, close to St Pancras International Rail Station, for the ease of those travelling by Eurostar. It is also within easy reach of many of London's tourist attractions: The British Museum, Madame Tussauds and London Zoo which are all wheelchair accessible. The West End theatres and the shopping areas of Oxford Street and Covent Garden are also only a short distance away.

The hotel is proud to have won Best Disabled Facilities Award 2007 "Accessibility for All" at the Meetings and Incentive Travel Awards. It offers 311 bedrooms including 8 accessible rooms, two of which have a hoist. There are two Blue Badge car parking spaces on the forecourt of the hotel with valet parking on request, and easy access to the hotel entrance.

The hotel team is aware that each of their guests will have different needs, and they are confident in welcoming disabled guests to the hotel.

Conference & Banqueting facilities are also accessible with tables to accommodate wheelchair users, a range of chairs with arms and without arms, and fixed and portable induction loops for those with hearing impairments. Ramps for staging can be arranged upon request.



ACCOMMODATION – ADAPTED

The rooms are very spacious, allowing a wheelchair turning circle at each side of the bed and within the bathroom. Ceiling track hoist facilities are provided in two accessible guest rooms. It is important to note that the ceiling track in the bedroom is separate from that in the bathroom and the hoist unit unhooks to be carried through. Double and twin rooms are available. Door

locks are activated by a key card and doors are non self-closing. Mobile hoist and sling are available upon request.

Flashing light is fitted on the door, so a visual warning is present for the hearing impaired. Vibrating pagers can also be provided if required.

Room Features:

- Room size: 3.35m x 6.3m, Door Width: 0.86m
- Low level wireless doorbells, security chain and door viewers
- Low level light switches and air-conditioning controls
- Open plan wardrobes with lowered hanging rails
- Height of bed is 0.56m, with maximum clear space beside bed of 2.4m and clear space under bed of 14cm
- Portable door chime available
- Bedside emergency pull cord and telephone
- Low pile carpeting
- Waterproof sheets and bed rails available on request
- Other in-room facilities include: Direct dial telephone with voicemail facilities, trouser press, radio/television with satellite channels and pay movies, iron/ironing board, tea & coffee making facilities, hairdryer, en-suite bathroom, mini bar, data port and international modem connection, dedicated non-smoking floors
- 2 rooms are connecting with PA/carer's rooms



Bathroom features:

- Hinged door opening into bathroom, door width: 0.86m
- Fitted bathroom with easy access bath, allowing space to transfer from a wheelchair to the bath.
- All taps set to a safe temperature of 41 degrees.
- Accessible toilet and basin, along with numerous grab and support rails
- Towels and other bathroom supplies have been placed at an accessible height
- Two emergency pull cords (one at the side of the WC and one beside the bath)
- Accessible toilet at 0.5m from floor to seat
- Toilet obstructions if any: None
- Basin at 0.66m from floor to bowl top
- Height of bath tub side: 0.47m
- Bathtub grab bar size and position:
2 bars (1 at side of bath and 1 at end of bath). 33mm diameter, one approx. 0.65m long, mounted horizontally, bar height situated from bath to bar height 0.4m
- Bath Seating: Seating area at rear of tub measures approx. 0.7m wide by 1.27m deep.

Additional Features:

- Accessible washroom
- Bar, toilet and restaurant fully accessible
- Evacuation Chair available in the event of a fire
- Braille menu
- Menus and literature available in large print
- Assistance dogs welcome
- Special diets can be catered for if notice is received in advance
- Lightweight cutlery and beaker available on request



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Chinese

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Vietnamese

Nếu bạn muốn có văn bản tài liệu này bằng ngôn ngữ của mình, hãy liên hệ theo số điện thoại hoặc địa chỉ dưới đây.

Greek

Αν θέλετε να αποκτήσετε αντίγραφο του παρόντος εγγράφου στη δική σας γλώσσα, παρακαλείστε να επικοινωνήσετε τηλεφωνικά στον αριθμό αυτό ή ταχυδρομικά στην παρακάτω διεύθυνση.

Turkish

Bu belgenin kendi dilinizde hazırlanmış bir nüshasını edinmek için, lütfen aşağıdaki telefon numarasını arayınız veya adrese başvurunuz.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਤੁਹਾਡੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਰਾਬਤਾ ਕਰੋ:

Hindi

यदि आप इस दस्तावेज़ की प्रति अपनी भाषा में चाहते हैं, तो कृपया निम्नलिखित नंबर पर फोन करें अथवा नीचे दिये गये पते पर संपर्क करें

Bengali

আপনি যদি আপনার ভাষায় এই দলিলের প্রতিলিপি (কপি) চান, তা হলে নীচের ফোন নম্বরে বা ঠিকানায় অনুগ্রহ করে যোগাযোগ করুন।

Urdu

اگر آپ اس دستاویز کی نقل اپنی زبان میں چاہتے ہیں، تو براہ کرم نیچے دئے گئے نمبر پر فون کریں یا دیئے گئے پتے پر رابطہ کریں

Arabic

إذا أردت نسخة من هذه الوثيقة بلغتك، يرجى الاتصال برقم الهاتف أو مراسلة العنوان أدناه

Gujarati

જો તમને આ દસ્તાવેજની નકલ તમારી ભાષામાં જોઈતી હોય તો, કૃપા કરી આપેલ નંબર ઉપર ફોન કરો અથવા નીચેના સરનામે સંપર્ક સાધો.

