Equality of Toilet Provision

Guide to going beyond the minimum requirements.

Sanitation away from home

Dignified, Hygienic, Safe, Comfortable, Equal

www.toiletaccess.wordpress.com
About this Guide

This guide is about raising awareness regarding the needs of disabled people and their carers/assistants with regard to accessible toilet provision.

We look at why going beyond the standards is often required to avoid discrimination, promote social inclusion and welcome all disabled employees, visitors, customers and volunteers.

Our other guides may also help:

- What makes a toilet accessible?

We hope you will find the information useful if you:

- Are passionate about improving the accessibility and usefulness of toilets for disabled people through campaigns and personal discussions.
- Wish to raise discussions with a business concerning a difficulty you have had accessing or using provided toilets.
- Are designing or submitting planning applications involving a new accessible toilet or altering existing ones.
- Are responsible for the maintenance of sanitation facilities.
- Are planning an event or function and assessing the sanitary needs of potential visitors.
- Are a business, who provides toilets for disabled staff, visitors, customers and volunteers - and wishes to provide the highest possible standard of ‘away from home’ toilets.
- Are committed to the welcoming provision of a truly accessible toilet to demonstrate your commitment to social inclusion and equality.
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Current types of accessible toilets

The current guidance for providing accessible toilets can be found in:

- British Standard 8300 (2009) - Design of buildings and their approaches to meet the needs of disabled people.
- Approved Document M: Access to and use of buildings. This details building regulations for the installation and design of accessible toilets.

The 2015 version comes into force in October 2015 and is available from:

http://www.planningportal.gov.uk/buildingregulations/approveddocuments/partm/

Approved Document M is abbreviated to AD M in this guide.

These detail provision and recommendations for 3 types of accessible toilets.

1) Toilets for ambulatory disabled people (which may also be described as an ‘accessible’ toilet or ‘adapted’ toilet).

2) Wheelchair Accessible toilets

3) Changing Places (CP toilets)

For people who need to use a hoist, changing bench, large space or hygiene facilities.

For more details about these toilets, please see our other guides.
Legal requirements

In the UK, the Equality Act 2010 protects the rights of disabled people, as individuals, from discrimination - which includes sanitary facilities that are provided.

You can find out more about:

- Approved Document M requirements
- Equality Act 2010 requirements
- Human Rights to sanitation
- Making reasonable adjustments

in our other information guides.

The Equality Act does not recognise ‘minimum standards’. An individual disabled person or carer could argue that there has been no ‘reasonable adjustments’, as required by law, **as it relates to them**. Also, what is ‘reasonable’ changes over time and adjustment is an ongoing obligation.

Businesses must take positive steps to remove barriers to disabled people. before discrimination occurs.

**Be aware of ‘Compliant Doc M toilet packs’**

Be aware of ‘DDA compliant’ toilet features offered by companies. The Disability Discrimination Act was incorporated into the Equality Act 2010 - Disability Discrimination section. There is also no such thing as ‘DDA compliant’ or ‘Equality Act compliant’ fixtures. Toilet fixtures/fittings are often advertised as Document M compliant when they are not. Be cautious and double check against the standards.

If someone doesn’t cooperate with their duty to make adjustments, the Equality Act says it’s unlawful discrimination.
Difficulties people have using accessible toilets

A set of guidelines, minimum requirements and recommendations were drawn up to enable disabled people to have equal and safe access to the toilet outside their home.

However, as we will see, these standards are still failing to meet the needs of a wide range of disabled people. This impacts on their health, well being, safety and social inclusion. It will impact on whether a person can be employed by you, volunteer for you, visit you or access your service.

“It’s simple. If there is no usable toilet (and I have to find out before I go - usually looking at a picture of the space or measurements from an access audit), then I stay at home. I have no option.

Many toilets do not meet the basic provisions for accessible toilets as described in Document M. Standards are ignored.

Some toilets that follow the guidelines actually introduce barriers for disabled people - we will look at some of these problems in this guide and how they can be avoided or reduced.

Lack of training for customer service and cleaning / maintenance staff can be a problem e.g. providing incorrect signposting / access information, leaving emergency cords tied up or not knowing how to respond to an alarm.

Does this meet the standards of access and usability?
How AD M introduces barriers to using the toilet

Outside the regulations

Some places have less space, fewer grab rails or only provide toilets of a specific (incorrect) height. Locations of toilets and sinks often vary from the guidelines and many lack an emergency cord, viewable mirror, coat hook or small shelf where people may need to lay out medical equipment / products they carry on them for using the toilet. The amount of variation is immense considering the building regulations have not changed much since 2004.

Meeting the regulations - is it enough?

Some toilets are arranged with space to the left, others to the right, some are central with space either side - all meet the guidelines but not everyone who needs to use a toilet can do so ‘in any position’ e.g. some people are weaker down one side of their body or lack limb movement on a particular side - which is reflected in which way around the toilet needs to be and how they sit/stand, transfer, or stabilise themselves.

Here we look at some of the most common barriers for disabled people and why it is a problem.

Toilet height

The current requirement (AD M, S: 5.9) suggests the height of the toilet to be **480mm** (17 1/4”).

For people who need a higher toilet, the recommendation is to ensure it can accept a variable height toilet riser by complying with the dimensions in BS EN 997:2012.

Some toilets are installed with a height of up to 500cm (19 3/4 “). They are often bought in ‘Document M packs’ which say they are suitable for accessible toilets when they are not.
Of critical importance is that installations of these ‘extra high’ toilets can prevent use of the toilet by

- independent wheelchair users who can only transfer to a lower toilet or one of a specific, similar, height to their wheelchair.
- People with legs shorter than the toilet height.
- Disabled children

Anyone who can’t reach the floor to balance with their feet can feel so unstable that they may not be able to relax and ‘go’ causing great distress. It’s also more dangerous and increases the risks of falls and injuries.

**Solutions**

Three key options exist based around using a toilet pan height given in AD M:

1. Mix it up - if you have more than one accessible toilet, install one with a height of **480mm** (from the standard), and a higher second toilet*.
2. Provide a riser seat - offer these as auxiliary aids.
3. Changing Places toilets can offer the alternative of a toilet that can be electrically raised or lowered to cater for those who find seat height is critical.

*Ensure you have the right number and placement of accessible toilets to comply with AD M alongside additional non-standard facilities.

**Support / grab / hold rails**

It is possible to have many layouts to allow for the provided dimensions and fixture configurations in AD M.

The general layout of a unisex accessible toilet is to have horizontal grab rails to both the left and right side of the toilet [AD M: S 5.8].

Heights, lengths and distance from the toilet / sink / mirror etc must be precise as described in AD M.

Vertical rails must also be provided in specific places.
A UK study* in 2005 found that:

- 74% of wheelchair users needed handrails - a horizontal position was the most popular with all chair users, with 41% of powered wheelchair users preferring the right side, 30% the left and the rest having no preference. This supports the need for horizontal grab rails to both the left and right side of each toilet.

* referenced later in this document

**Barriers relating to support rails**

Grab rails (support rails) are often too short, only provided on the left or the right, positioned too far away from the toilet or missing and never replaced.

The vertical rail (or horizontal bar placed in the upright position), though required in the standard, can hinder powered wheelchair users from getting far enough back into the space next to the toilet.

Powered wheelchair users tend to sit much further forward on a longer footprint which can prevent side transfer to the toilet. This can make transfer dangerous.

**Above:** Louise is as far back as she can go, pushed up against the grab rail - yet the toilet pan is still far behind her. There is also no horizontal grab rail on the wall adjacent to the toilet. This is an ‘accessible’ toilet in a London hospital.
Solutions

Four key options exist:

1. **Assess your toilet** - do they have the full complement of support rails and are they in the right place and the right length/height?
2. **Mix it up** - the standard suggests that if you provide more than one unisex toilet, a choice of layouts for left and right hand transfer should be provided.
3. **The smaller the space, the more grab rails will get in the way for powered wheelchair users and carers** - re-consider your design space.
4. **Provide Changing Places toilets in addition to existing accessible toilets.** The larger spaces to the left and right of a central toilet offer more transfer option angles for people who use powered wheelchairs, large walkers/frames, or need carers to assist them.

Privacy

Lack of privacy can be an issue for people with personal (care) assistants.

“Once I’m on the toilet, my husband leaves and waits outside for me to call him. Toilets that open out into a busy foyer/lobby or eating area are embarrassing because people can see me sitting on the toilet whilst he comes in and out. This happens all the time”.

[Louise Watch, Kent]

- Within AD M standards, wheelchair accessible unisex toilets will satisfy Requirement M1 or M3 if: “they are not located in a way that compromises the privacy of users”.

Solutions

Do not locate toilets where privacy could be compromised, should a carer / assistant have to enter and leave whilst the person is seated on the toilet inside.

Doors which have an automatic opening after a set number of minutes (or on sensing a person exiting the toilet area) should not be used.
Space considerations

This is the main barrier that causes difficulties for people. Wheelchair and Scooter users are particularly affected by the amount of available space.

Space is needed to do a range of activities in the toilet.

To many non-disabled people, it is a mystery what happens inside an accessible toilet, however, lack of awareness can cause discrimination.

Spaces are used for

- Opening and closing the door easily
- Turning 360 degrees to perhaps manoeuvre to the desired transfer space (whether walking or using a wheelchair). Some people on two crutches/sticks have a very wide gait.
- People who leave their scooters outside may still need to discretely bring in bags, medical equipment and accessories that might help them grip/wipe/remove clothing etc. These need a place to go, on a shelf or similar, away from the floor.
- Easily reaching the sink, view the mirror, use the shelf, wash/dry hands, rinse equipment including commodes/urine bottles, urination devices.
- Space to place items, out of the way, that need to be removed before transfer if a wheelchair user; clothing (sometimes socks and shoes are removed), footplates, arm rests, trays, mobile phone / communication device holders etc.
- As above - space to position walkers/frames, crutches and other mobility equipment out of the way.
- People with an ostomy or catheter may have a bag of supplies to arrange on a shelf or space to kneel over a toilet for emptying if preferred.
- Disabled parents need accessible family rooms where they can assist their children to toilet or change nappies, or have space in the toilet area for both them and their children / prams.
Space requirements in the Building Regulations

AD M, specifies the amount of space required in different types of toilets. It is important to note that clear space must be clear (no coat stands, heaters, plumbing, wet floor signs, bins etc in the transfer or turning space).

- A stand alone, unisex toilet should be 2000mm x 1500 mm (minimum with no obstructions such as pipework/wall heaters etc) with a turning circle for wheelchair users of a minimum of 1500mm. Any cubicle, for wheelchair users must meet the same requirements.

- Small cubicles for ambulant disabled people are 800mm wide with a space of 750 mm in front of the toilet to the closed door (minimum).

- Large cubicles for ambulant disabled people are 1200mm wide and 750 mm long and include grab rails (support bars), a shelf and fold-down changing table.

**Diagram 21**  
**WC cubicle for ambulant disabled people**


© Crown copyright acknowledged
People who are unable to stand or balance on a toilet.

Wheelchair users who can’t stand or use their arms to raise themselves will use a hoist, either alone or with assistance.

It is ‘desirable’ for any large building development to provide these facilities according to AD M (and arguably a moral requirement).

A portable hoist (Left) or more commonly a ceiling hoist can be provided, with a large enough space to use them in i.e. a Changing Places toilet.

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Diagram 18 Unisex wheelchair-accessible toilet with corner WC
Rooms should be 3m wide x 4m long minimum (and 2.4m high) or slightly smaller if they used pre 2009 standards. This allows for a 12 m squared area of space.

They are highly recommended as a way of meeting the needs of disabled people in the design of new buildings, in BS 8300(2009) and ensuring equality under the Equality Act 2010. They also ensure the human right to sanitation.

A large building or complex might include health facilities, leisure/sports facilities, cultural buildings such as museums, auditoria, large hotels, motorway services and transport venues. They are also suggested for venues where people might spend all day e.g. at a zoo or museum.

Adults and children who need Changing Places toilets with a hoist and changing bench include people with:

- impairments caused by a severe stroke,
- neuromuscular disorders e.g. MD, MND, SMA, MS amongst many others.
- Myalgic Encephalopathy (ME),
- high level spinal injury,
- acquired head injury
- some types of Spina Bifida
- profound and multiple learning difficulties.

Some toilets, fall short of the standards yet may offer a changing table or a hoist - so whilst they can’t be listed as Changing Places, they are still beneficial to many people (the information is included in a section of the Changing Places website).

[Right: Julie Clough and her mother Margaret at a Changing Places toilet in London Gatwick.]
Barriers to using the toilet, in the minimum provided space

Most toilets tend to be designed around ‘minimum requirements’ and that is where many wheelchair and scooter users, in particularly, find it so much of a problem that they might not be able to use them at all.

The types of wheelchairs, and accessories for them, have changed a lot over the past ten years. Chairs come in many heights, lengths, widths and styles to suit particular activities or terrains e.g a wheelchair that is used to travel down a rugged forest path will be vastly different from one used mainly in an office or around the home, or one designed for a particular sport. Lots of people have 2-3 different chairs they use for different activities.

Many powered chairs have special postural seating or have recline, tilt or rise features. How well a person can manoeuvre themselves using a manual chair depends on their skills level, physical abilities and strength. People new to using a manual chair generally need a wider turning space until they learn how to do a tight turn. People in manual chairs who are pushed by an assistant require even more space.

The research and information below supports the problems that disabled people are reporting. Wheelchairs and scooters are getting longer, and possible wider, with no increase in the British Standards. This means the minimum standards are no longer fit for purpose when building ‘wheelchair accessible’ toilet facilities.
What research tells us about the size of wheelchairs.

The only study carried out regarding the size of occupied wheelchairs (i.e. ones actually being used) was ten years ago. The trend then was that chairs were getting longer, which would increase the space needed to move/turn.

The UK study ‘A Survey of occupied wheelchair users’ done on behalf of the Mobility and Inclusion Unit of the Department for Transport [D, Hitchcock et al: 2006), was undertaken in 2005. Participants largely came from visitors to the Mobility Roadshow, Kidz up North show and 12 other sites (retail centres and UK schools).

This study did not included recording the length or width of chairs where items were overhanging the back of the wheelchair (so in that sense it doesn’t reflect the actual width or length of ‘real use’ carrying bags etc).

*Percentiles:* The 95th percentile tells us the value for which 95% of the data points are smaller and 5% were bigger. If your chair was part of a length survey and 95% of chairs are shorter than yours, your chair would be at the 95th percentile. The length of your chair would be the 95th percentile figure.

The UK study showed that:

- Between 1999 and 2005, the average length of adult wheelchairs had increased considerably by 29mm - it doesn’t sound much but in practice it makes a big difference.

- The average length of an adult powered chair increased by 35mm (**1142mm length in 2005**). The 95th percentile figure had increased by a substantial 66mm. Overall, the trend is for chairs to get longer.

- The average width decreased by 15mm for adult power chairs (**605 mm wide**). (The 95th percentile was a decrease of only 3mm).

The lengths of chairs increase with luggage and medical equipment:

- 66% of wheelchair users carried luggage on their chairs - mostly at the rear of their chair - thus this would have extended the length further (and if in a toilet space, access to such bags may be blocked once in position to transfer the toilet (and bags may carry toilet accessories and hygiene products that then become inaccessible).
“I use a ventilator to breathe which is switched off when in the toilet. It hangs on the back of my chair. I position myself in the space next to the toilet, backed up against the wall, for my husband to do a drag lift to get me out. However, he needs to reach the back of my ventilator to switch it off - so it’s very awkward in a tight space. There is no room for him to step around the side easily which means we might have to take it off and ‘disassemble me’ in a corridor outside the toilet.”

An Australian study on occupied wheelchair users in 2014 found that:

- The 90th percentile width and length of manual and powered chairs was **733mm x 1343mm** and that the footprint of chairs were often extended because of crutch/bag holders, ventilators, oxygen cylinders, mobile phone technology mounts/clamps, trays and tables, communication aids etc.

- The UK 2005 and Australian 2015 Studies show that adult wheelchairs are getting longer and (in the Australian study) wider for the majority of users.

**Inadequate space to transfer from the side of the toilet.**

People transfer from chair to toilet in many ways. Here we look at people who transfer from a slight angle or parallel to the toilet.

Let’s look at the standard’s minimum size diagram on the next page (taken from AD M and shown in full previously in this guide) with an overlay to highlight problem areas.

**Actual space allocated from AD M**

We can see that a wheelchair user must fit into a space, to the left of this toilet of around **700mm wide x 750 mm long** (red line is approximately 700mm). Outside of this, the person will be seated forward of the toilet and find it difficult or be unable to transfer directly sideways. The grab rail is likely to be in the up position and protruding into the space, meaning the wheelchair user is even further forward from the toilet.
Considering we have just seen that the 2005 UK study found the average width to be 605mm, and the recent Australian study 733mm, at best you could only fit alongside in a small power chair - if at all.

RICA (Research Institute for Consumer Affairs), is a national research charity who provide an advanced scooter and powered wheelchair search of 613 models available to people.

- Only 4 models fit into a 700x750mm footprint.
- Only 50 models fit into a 700x950mm footprint (allowing knees/thighs to extend beyond the toilet).

**Side stepping**

With a person sitting towards the front of a power chair (usually due to batteries, handle bars, equipment etc), they may not be directly next to the toilet seat. People in larger manual chairs will also struggle.

The option may exist to stand - however, you can see that the person would have to stand, step sideways and then backwards between the small space outlined in green. This can be difficult and dangerous.
Getting seated comfortable and balanced

Once seated, you can also see how little room there is for the person's legs between their chair and the sink. Some people have to sit sideways on the toilet because of this which is very unstable and uncomfortable. Often legs move apart due to poor muscle tone and hit the metal parts of a wheelchair causing bruising and cuts.

Space needs of Carers / Assistants

Manual lifts and moves are generally not permitted in the National Health Service, even under the best of circumstances regarding space (or by home care agencies). Disabled people still use manual lifts, by necessity, in public toilets with family members.

The most common type of assistance for co-operating adults (other than help to transfer sideways, perhaps using a board) is a pivot transfer.

Assistants bring the person to the front of their wheelchair, stand in front, lift the person onto their feet, then swivel/pivot round and lower the person onto the toilet. The disabled person’s feet remain in the same place.

You can see, in the current regulation space, this is likely to be impossible - and certainly doesn’t allow for safe lifting and moving principles to be applied, with assistants mostly detailing ‘banging into the sink or hand dryer’.

Usually, some type of drag lift, sideways or backwards, through the short green space marker in the diagram above, is required. Removing clothes is very difficult, as is managing pad changes or incontinence.

Disabled children, like Mylor (shown on the left with his mum Angela), have to be lifted out of their wheelchairs (by family because care staff are not permitted to do manual lifting to and from the floor) and laid on the floor of a car, park bench or public toilet for pad changes when adult changing benches are not provided.
Rachel George explains:

I will not change my son on the floor of a public toilet. So we have found other ways, painstaking ways which are really difficult for us but keep him clean and safe from the germs and filth on the floor of a public toilet. My son cannot sit unaided or stand at all but he needs the toilet just like the rest of us.

On our recent trip to a hospital 200 miles away (for our 8 year old son’s first spinal rod lengthening procedure) we had no option but to put him on the toilet in the back of our car. It is a physically difficult experience for us and not really dignified for our beautiful boy either.

Louise explains:

“I have Muscular Dystrophy and my body is floppy. I can’t take my weight on my feet anymore. My arms are also very weak and I can’t grip nor balance without leaning on something as I have no trunk control and scoliosis.

At home I use my ceiling hoist with my assistants. I also have an automatic toilet to wash and dry me so I can stay clean with dignity. It is fairly quick, easy and dignified and I have no worries about hurting them or getting hurt myself. Outside the house, without a Changing Place toilet space (below), it’s very distressing.

[JD Weatherspoons, Blackpool Promenade ‘The Velvet Coaster’]
I can only go outside the house for long periods if I’m with my husband (carers are not able to lift me). We have to find a gender neutral toilet so my husband can come in with me - and not all toilets are mixed gender.

We take my shoes and socks off so my feet don’t get tangled or slip under his, then he lifts and drags me out of my chair and to the toilet. It is very unpleasant ‘standing’ on a public toilet floor. I can’t even explain how difficult it is to wipe but it resembles a game of Twister.

[Louise Watch, Kent]

This is Alfie Buck. Like many children, his parents need an adult changing bench but are forced to change him on the floors of public toilets.

“Without 'Changing Places' toilets; the person with disabilities is put at risk; and families/carers are forced to risk their own health and safety by lying their daughter; son or loved one on a toilet floor. This is dangerous; unhygienic; humiliating and undignified. We take it for granted that we would not change a baby on the floor of a public toilet - so why on earth is this acceptable for disabled children?”

Samantha Buck [Alfie's mum]
You can read more about their story here: https://toiletaccess.wordpress.com/2014/01/09/alfie/

**Turning circle space is inadequate**

The turning circle, in AD M, is 1500 mm x 1500 mm.

Using the RICA (Research Institute for Consumer Affairs), advanced scooter and powered wheelchair search:

- Only 140 out of 613 models had a turning circle of 1500mm as recommended by AD M.
People who find turning within this space difficult include:

- Manual chair users who are learning how to use/turn their chair (or build up upper body strength).
- Temporary manual wheelchair users
- Manual wheelchair users who are propelled by an assistant.
- People who use front or rear wheel drive powered chairs.
- Scooter users
- People with long legs or whose legs do not bend at the knee.
- Obese people or those who have an impairment which affects their pelvis or posture will have chairs which are wider - again impacting on their turning circle and space requirements.
- People who use powered wheelchairs with postural seating may have reduced vision of the space e.g. if head or torso movement is restricted by the brace action of the specialist seating.

Baby Changing and Odour sensitivity

Baby changing

A baby changing unit on the wall can make an ‘accessible’ toilet unusable by sticking out at head height even in the upright position. This can also be dangerous. They often take up transfer or turning space.

The standard in AD M states that: "Wheelchair-accessible unisex toilets should not be used for baby changing."

Odour sensitivity

Some people are susceptible to strong odours which can cause them distress - especially people with sensory impairments, autism and learning difficulties.

Waste bins which do not hide these smells from baby changing or pad changing bins are problematic and can make a toilet unusable.

Regular emptying and avoiding strong perfume dispensers also helps.
Emergency cords tied up or not present.

Another problem that many people find is emergency cords not being provided, being present but too short to be reachable from the floor, being of the wrong type that you need a pinch grip to activate, or being left tied up (often knotted and looped around grab rails). Provision of a cord was included in AD M in 2004. However, if your toilet pre-dates this, consider the benefits of providing emergency assistance as this may be essential for people.

Ceiling cords:

- must be red,
- be located near a wall,
- have two bangles of a set width at 100mm above the floor and the other between 800 and 1000 mm above the floor. (Triangular or circular ‘loop’ grip / G pull)
- alarm systems must have an acknowledge feature to show help is on the way.
- the alarm should not sound like a fire alarm
- alarms should be able to be reset within reach from the toilet or from a wheelchair
- alarms must have a visual and auditory signal that will be seen by a responder

Training for anyone cleaning or inspecting the toilet should include a check that the cord is reachable from the floor when they leave and the emergency alarm is working correctly (and being acted on).

Euan’s Guide have recently started a ‘Red Cord Campaign’ where these cards can be requested free to place on cords to try and raise awareness of their importance. We recommend these are displayed in all accessible toilets.
Ensuring the toilet is available.

A very common problem for not finding a suitable toilet is concerned with availability. Particularly, the use of toilets by non-disabled people or as storage rooms. It is important to ensure availability to avoid discrimination.

- A padlocked toilet is a toilet that does not exist.
- A ‘taken’ toilet can cause problems.

Some people only get a moments notice that they need to empty their bladder/bowel or bag/pouch and need every chance that the toilet might be vacant.

Toilets that are used by non-disabled people (including parents changing babies or taking children to accessible toilets), can be detrimental to the ‘availability’ aspect of accessibility.

- A unisex accessible toilet must be at a location that is no more then 40m on the same floor (including any route via lifts) unless there is an unobstructed route to the toilet.
- The time needed to reach the toilet should always be kept to a minimum.
- A toilet should be located as close as possible to an entrance/waiting area.
- It should be easily identifiable for quick access - so provide good signage.
- Be aware (when thinking about the location and number of toilets) that disabled people may:
  - Need to go more quickly
  - Spend longer on the toilet
  - Go more often

Provision of separate family toilets and baby changing facilities should be provided.

“Although there was an accessible toilet at the theatre, there was only one for several wheelchair users. Most were trying to use the toilet in a 20 minute interval. I take that amount of time alone to use the toilet and the provision was poorly thought out.”
Assistance with hygiene

Some people with impairments which affect balance, hand dexterity, movement or strength are unable to wipe themselves or change sanitary towels or incontinence pads. Some people have bladder or bowel incontinence.

It is often impossible for an assistant to bend and have access to wipe effectively in the small space of an accessible toilet - especially if they also need to hold the person on the toilet.

Going beyond the minimum space requirements would significantly benefit such individuals and afford greater dignity and personal hygiene.

If the person needs to wash because of bowel/bladder incontinence or menstruation needs, access to sinks may be blocked by the person’s wheelchair or mobility equipment such as in this toilet (below) in a London hospital.

The standard says sinks must be reachable from the toilet for hygiene purposes.

A wheelchair user may need to wash their hands before wiping (having held support rails and touched other items to transfer) and before moving back to their chair.

Provision of automated wash and dry toilets (or a portable bidet) can be beneficial for a range of people, especially in Changing Places toilets, and we recommend these when providing Changing Places toilets.
Thank you to:

Everyone who has shared their personal experiences and photographs around what can be a difficult subject to discuss.

Photographs of toilets are taken in the condition they are found.

**Changing Places**: [http://www.changing-places.org](http://www.changing-places.org) for photos, information and the register of toilets.

**Aveso**, [http://www.aveso.co.uk](http://www.aveso.co.uk) - Campaign sponsors for Changing Places who supported me with case studies and photographs.

Produced by **World of Accessible Toilets** [https://toiletaccess.wordpress.com](https://toiletaccess.wordpress.com) and [https://www.facebook.com/pages/Accessible-Toilets/1475973905956018](https://www.facebook.com/pages/Accessible-Toilets/1475973905956018)

The World of Accessible Toilets is a volunteer project run by Louse Watch with support from other disabled people and their families. We share our lived experiences and knowledge to promote equality of toilet access for disabled people in the UK.

One of the biggest restrictions in daily life, for disabled people and their families, focuses around the toilet.

The aims of the project are to provide news, reviews, access, information & share disabled people’s experiences around finding or using accessible toilets, hygiene and equipment.
Accuracy of information

Every care has been taken to compile, and reference correctly, the information in this awareness guide. Louise Watch cannot accept any responsibility for incorrect information.

Please check with the latest versions of documents such as Approved Document M from the official planning portal web-site [http://www.planningportal.gov.uk] for the most up to date information and documentation. Reference should be made to the relevant Statutory Document which contains a full statement of the law.

References:


