

Changing Places Toilet and Baby Nappy Changing Provision

Details	
Name	Wayne Lewis
Your Position (if applicable):	Policy Lead (Wales)
Your Organisation (if applicable):	Crohn's & Colitis UK
Email / Telephone Number:	wayne.lewis@crohnsandcolitis.org.uk / 07909332412
Your address:	(Head Office) 1 Bishops Square, Hatfield, AL10 9NE. Policy Lead (Wales) is home-based in Ceredigion.

Type of Organisation: Choose one of the following:
Charity
Comments: As a charity, we work with people who have Inflammatory Bowel Disease. Crohn's and Colitis – the two forms of Inflammatory Bowel Disease – are lifelong diseases of the gut. They are painful, debilitating and widely misunderstood. There is no known cure. When you have Crohn's or Colitis, your immune system doesn't work properly. Your body starts attacking itself, causing ulcers and inflammation in the gut leading to pain and urgent diarrhoea. Crohn's and Colitis don't just affect your gut, however. They can affect almost every part of your body and every aspect of your life: from your digestion and joints to your energy levels and mental health. People living with the conditions often face a lifetime of medication and, in many cases, major surgery, including stomas. If left untreated, they can be fatal.

Q1. Do you support the Welsh Government's intention to increase the provision of CPTs?
Yes
Please explain your reasons. Crohn's & Colitis UK welcomes the proposed increase in the provision of CPTs. See Q2 response.

Q2. Do you agree that the Welsh Government should improve the guidance in Approved Document M to increase the provision of CPTs?

Yes

If no, please explain your reasoning

Crohn's & Colitis UK welcomes the proposal to improve Guidance on the provision of CPTs as it will provide a legal requirement for such provision to be made.

Para 60, the consultation document states; "The provision of BNCF is a means for companies to sell a product/service to parents through their children with a BNCF" However, Crohn's & Colitis UK welcomes the approach being taken in the Guidance which appears to focus more on equality of access and a rights-based approach.

Whilst this consultation is specifically related to CPTs and BNCF provision, the availability of accessible toilets and other facilities such as these is essential for people who have stomas so that they are able to change their bags in a private, well equipped and hygienic environment.

The nature of IBD and many other long term health conditions is that they are hidden from public view. Unfortunately, this can lead to many people with hidden disabilities and conditions to face unwarranted discrimination and abuse when they use accessible toilets, CPTs and BNCFs (see graphic above).

Crohn's & Colitis UK would recommend that the provision of NEDIV (Not Every Disability is Visible) signage be considered for inclusion during the revision of statutory guidance (approved Document M). <https://youtu.be/dWQIJDLB7PE>

On a Welsh and UK level, organisations such as Colostomy UK are encouraging organisations to become #stomafriendly. An event was held at the Senedd just prior to the initial Covid Lockdown to promote the idea of Cardiff and Wales becoming #stomafriendly. This consultation is an opportunity for Welsh Government to consider the potential of this wider development in terms of ensuring greater equality of access.

Q3. Do you agree that local planning authorities should be able to require additional levels of provision for CPTs through the planning system?

Yes

Please explain your reasons.

Crohn's & Colitis UK welcomes the proposal to allow local authorities to require additional levels of provision for CPTs through the planning system.

Through their Local Toilet Strategies, some local authorities should have identified their having a strategic regional or national importance in relation to major transport infrastructure intersections. Providing this power will allow those authorities in areas with significantly higher 'through flow' of people, over and above their base population, to require additional provision be made. This is essential if the Welsh Government's goal of increasing active citizenship and community participation is to be achieved.

Adequate and appropriate toilet provision is vital to establishing equality of access for many disabled people, including people with long term health conditions and hidden disabilities. Toilet and changing facilities provision is a matter of public health and should be promoted as essential parts of the social, employment and educational infrastructure of Wales.

Q4. If you support a provision in Approved Document M as outlined in Question 2, do you agree with the building types listed in Box A for a CPT?

Yes

If no, do you think the list should be wider or narrower? If wider, what other building types do you think a requirement should apply to or if narrower, which buildings would you exclude? Please explain your reasons.

Crohn's & Colitis UK would recommend that buildings critical to the transport infrastructure should also be included. These include, but not exclusively, rail, ferry and bus stations, motorway service stations, airport terminals etc. The ability to use the various modes of transport without anxiety over the availability of toilet provision is critical to the social inclusion of many people with long term health conditions and hidden disabilities.

Crohn's & Colitis UK would recommend that hotels and schools, as well as colleges and Universities be included in the Guidance irrespective of whether they provide community access as, without such provision, equality of access is not ensured through the Guidance.

Q5. With regard to schools, do you consider any other type of school should also provide a CPT?

Yes

If so, what type of school do you suggest and why?

Crohn's & Colitis UK would recommend that all educational institutions be required to provide CPT to ensure that students with long term health conditions are able to attend.

Q6. If you support a provision, do you agree with the size, capacity criteria in Box A in relation to each building type for a CPT? Please indicate yes or no against each building type and its trigger. New Construction over 5,000 m², or has a capacity of more than 1,000 persons:

	Yes	No	Unsure
Retail building (shop)			X
Assembly or recreation building			X
Residential (institutional)			X
Residential (other)			X
Building combining any of the above			X
Hotels (where they provide function, sport or leisure facilities)			X
Schools (where they provide community access to their facilities)			X

Q6. (continued) Conversion (change of use) or Extension (where a CPT is not already present within the building) gross floor area increases by 25% or more:

	Yes	No	Unsure
Retail building (shop)			X
Assembly or recreation building			X
Residential (institutional)			X
Residential (other)			X
Building combining any of the above			X
Hotels (where they provide function, sport or leisure facilities)			X
Schools (where they provide community access to their facilities)			X

Q6. (continued) If no, please indicate what trigger you consider appropriate for each building type New Construction:

Retail building (shop)	Crohn's & Colitis UK does not have expertise in construction and hence offers no comment on the appropriate size of building that would trigger this requirement.
Assembly or recreation building	-
Residential (institutional)	-
Residential (other)	-
Building combining any of the above	-
Hotels (where they provide function, sport or leisure facilities)	-
Schools (where they provide community access to their facilities)	-

Q7. Do you agree that a CPT should be designed in accordance with, and contain the equipment listed in the draft AD?

Unsure

Please explain your reasons: Room size: Equipment:

Crohn's & Colitis UK would support the proposed design with the addition of a requirement for the signage to include reference to 'Not every Disability is Visible'. We would also recommend that the position of shelving be required to be within easy reach of the changing area.

Q8. Where a CPT is provided in a building (listed in Box A) that undergoes an extension or a change of use, what workable arrangements can be provided for a smaller CPT in terms of room size and equipment? Please explain your reasons:

Room size: Crohn's & Colitis UK have no expertise in this area and offer no comment.

Equipment: -

Q9. Please use this question to provide any other commentary or observations you have on the proposals to make provision for CPT and the size of and equipment in CPTs. Additional thoughts:

No further comment

Q10. Do you support the Welsh Government's intention to increase the provision of BNCFs?

Yes

Q10. (continued) If yes, do you agree that the Welsh Government should introduce improved guidance in Approved Document M on the provision of BNCFs?

Yes

If no, please explain your reasoning.

Crohn's & Colitis UK support this intention.

Q11. If you support a provision, do you agree with the building types listed in Box B for a BNCF?

No

If no, do you think the list should be wider or narrower? If wider, what other building types do you think a requirement should apply to, or if narrower, which buildings would you exclude? Please explain your reasoning:

Crohn's & Colitis UK recommend that buildings which are critical to the transport infrastructure such as, but not exclusively, railway stations, motorway service stations and bus, airport and ferry terminals should be added to this list to increase equality of access.

It is important to acknowledge that it is not only at a destination, but also during travel to and from the destination, that toilet facilities, BNCF and CPTs may be required.

Crohn's & Colitis UK would recommend that sporting facilities, both participatory (leisure centres, swimming pools) and spectator (rugby, athletics, football stadia etc) be considered for addition to both BNCF and CPT required locations.

Q12. (continued) If no, please indicate what trigger you consider appropriate for each building type New Construction

Retail building (shop)	Crohn's & Colitis UK have no expertise in this matter and offer no comment.
Assembly or recreation building	-
Residential (institutional)	-
Residential (other)	-
Building combining any of the above	-
Hotels (where they provide function, sport or leisure facilities)	-
Schools (where they provide community access to their facilities)	-

Q13. Do you agree that a BNCF should be designed in accordance with, and contain the equipment listed in the draft AD?

Unsure

If no, please identify what you think should be added or deleted from the list?

Crohn's & Colitis UK have no pertinent expertise in this precise matter, although the range of equipment appears appropriate. Confirmation on the suggested location of the various items of equipment from people with disabilities and their families might be advantageous.

Q14. Do you agree with the cost estimates?

Unsure

If no, please explain what you consider an appropriate cost range and provide evidence to show why:

Crohn's & Colitis UK have no pertinent expertise in this matter and offer no comment

Q15. We would like to know your views on the effects that the proposals would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Linguistic equality needs to be considered in these and any other developments. The obvious example in this case is in signage.

Crohn's & Colitis UK would recommend that all signage, including Not Every Disability is Visible signage, is required to be bilingual

Submit your response

If you want to receive a receipt of your response, please provide an email address. Email address

wayne.lewis@crohnsandcolitis.org.uk