EQUALITY IMPACT ASSESSMENT - RESULTS

<table>
<thead>
<tr>
<th>Title of Policy</th>
<th>Building regulations – proposals to require provision of ‘Changing Places Toilets’ in certain types of new buildings.</th>
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<td>Summary of aims and desired outcomes of Policy</td>
<td>Through requirements set under building regulations, to improve access to sanitary facilities in larger buildings, specifically for people with more complex care needs, for whom current standard accessible sanitary accommodation is not adequate.</td>
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<td>Directorate: Division: team</td>
<td>Local Government and Communities; Building Standards Division; Technical Unit</td>
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Executive summary
Buildings have significant implications for health, safety, the environment and our communities. Through the appropriate application of minimum building standards, set by regulations, the design and construction of Scotland’s built environment can benefit all owners, users and people in and around our buildings.

The principle aim and objective of the proposed amendment is to introduce a requirement for Changing Places Toilets (CPTs) in certain types of large new building through building regulations. Such facilities are already provided, on a voluntary basis, in some buildings and a register of facilities is maintained online by the 'Changing Places Consortium'.
Changing Places Toilets offer larger, supported facilities that address the needs of people for whom current accessible sanitary accommodation is inadequate. They enable people with complex care needs to take part in everyday activities such as travel, shopping, family days out or attending a sporting event.

Introduction of regulation for such enhanced sanitary accommodation in certain types of new buildings will help meet the needs of people for whom standard accessible sanitary accommodation is not sufficient. This will increase the numbers of such facilities across Scotland and also increase awareness of the benefits of such facilities in other buildings.

**Background**

There are many people in Scotland, both resident and visitors, for whom standard accessible toilet facilities are inadequate. Research by MENCAP (2016) estimates that there are around 20,000 people in Scotland who are not currently supported by standard accessible toilet facilities within buildings. These are principally people who have developmental disabilities, neurological degenerative conditions and disabilities resulting from aging, illness or injury.

The proposals will be of specific benefit to people who are more reliant upon assistance and one or more carers will be present. Particularly where there is benefit from mechanical assistance in the transfer of a person to and from sanitary facilities such as WCs. There is also a continued increase in age-related conditions within our population for whom such facilities may be beneficial.

**The Scope of the EQIA**

The proposal to revise regulations to address the provision of more accessible sanitary accommodation is an action focussed on meeting the needs of those within our communities for whom implementation of current good practice (within regulations) is not sufficient.
Proposals seek to enable better access to our built environment for people with a disability or long term condition which results in them being more reliant on assistance when using toilet facilities in buildings other than their home.

**Key Findings**
The focus of the proposed change is enhancing building facilities to enable broader use by building users, focussing on those who are likely to require assistance when using facilities. This is a positive action for both Disability and Age equality.

The analysis has revisited the question of whether such a positive action for Disability and Age could have negative impact on other equalities strands. None have been identified.

**Recommendations and Conclusion**
That proposals, if implemented, will offer a positive benefit. No negative benefit has been identified.

Analysis has also proved useful to reinforce the potential for a difference in view on where such facilities can or should be provided, considering the balance between published good practice and the needs of a community and a proportionate approach to regulation. This will be informed further by consultation responses.