

SUMMARY

Title: Assessment of the accessibility of public institutions for people with disabilities on the example of the Social Insurance Institution and the Independent Public Clinical Hospital named after Prof. Adam Grucy of the Medical Centre for Postgraduate Education in Otwock.

Introduction: The number of disabled people in Poland amounts to almost 12.2% of the country's population. According to the forecasts of the Central Statistical Office, by 2050 the population of our country will be getting smaller and older. Projections state that in 2050, Poland's population will decrease by 4.3 million people and the share of seniors in society will reach over 40%. The current and projected demographic situation will result in a significant increase in the proportion of people with special needs, including people with disabilities. Public institutions providing social services and health services, will be required to provide greater architectural, ICT and digital accessibility to the population.

Objective of the study: The aim of this study is to assess the accessibility of social security institutions for people with disabilities on the example of the Social Insurance Institution and the Independent Publiczny Szpital Kliniczny im. prof. Adam Grucy CMKP in Otwock. Both of the examined institutions are social security institutions ZUS - in the field of social insurance, while the Hospital - in the field of health care services.

Purpose of the study: The aim of this study is to assess the accessibility of social security institutions for people with disabilities on the example of the Social Insurance Institution and the Prof. Adam Grucy CMKP Independent Public Clinical Hospital in Otwock.

Material and method: The study was carried out in Zakład Ubezpieczeń Społecznych (Social Insurance Institution) across the country and in Samodzielny Publiczny Szpital Kliniczny im. prof. Adam Grucy CMKP in Otwock. In both of these entities, the person conducting the survey is the accessibility coordinator and is responsible for ensuring accessibility for people with special needs .

The research was carried out on the accessibility of the units in terms of accessibility: architectural and information and communication. The survey was field-based and conducted on the basis of a proprietary diagnostic matrix. The survey covered 424 buildings of the Social Insurance Institution and a complex of 15 buildings of the Prof. Grucy Hospital in Otwock.

Accessibility surveys were carried out in 439 buildings according to the same research tools and in the same way - by conducting site visits. Due to the difference in size and distribution of

the entities surveyed (ZUS has facilities located throughout the country) and the Hospital is an entity located in one location (in Otwock) and consists of a complex of 15 buildings. When diagnosing barriers and obstacles at the Hospital, the Accessibility Standard for Hospitals by the Ministry of Health was used as a reference point. The smaller research area of the Hospital directly translated into a smaller number of diagnosed barriers and difficulties. It should be noted, however, that the aim of the study was not to conduct a comparative analysis, but to illustrate the accessibility of social security institutions for people with special needs.

Results: Results: The accessibility survey of ZUS and the Hospital identified 12,128 barriers for people with disabilities in the architectural and information and communication areas. Statistically, this indicates the presence of approximately 28 barriers in each of the surveyed buildings. The highest percentage of barriers was diagnosed in the information and communication area. An analysis of the counted barriers showed that 79% of the buildings included in the 'Matrices' lacked rooms equipped with assistive listening devices, e.g. induction loops (DI15), and 89% of the facilities did not use Braille or convex signage to mark escape routes (DI16). In addition, it was indicated that the buildings lacked: a luminous emergency notification system (DI19) in 59% of the facilities, legible information on individual floors with floor numbers visible to both people moving through the building by stairs and lift (DI02) in 52% of the buildings, and the non-use of pictograms with the basic functions of the building and directions to the most important rooms (DI06) in 43% of the buildings. Further barriers were found to be lack of equipment including direct or remote access to a sign language interpreter (DI10) in 41% of buildings and the equipment necessary to operate a video interpreter (DI11) in 58% of buildings.

Analysis of accessibility in the architectural area showed that the ZUS buildings surveyed had a significantly higher percentage of identified barriers than the Hospital buildings. In this area, the accessibility/location of controls/switches (CP21) was identified most frequently (almost 80% of the buildings). Given the lack of defined criteria for listing this information (e.g. only in relation to passageways designated for the movement of clients or staff with disabilities), it is not possible to assess the extent of this barrier in terms of the need to remove it. As with the other barriers in this area, there may be duplication of information, as the list of barriers stated that the measures were to include an 'analogous assessment of each floor' (part of the 'Matrix' was drawn up for each floor of the building).

A significant count was shown against the lack of disabled accessible toilets (CP23) on each floor in 63% of the buildings. Significant deficiencies also relate to the inadequacy and

equipment of existing toilets (CP24, CP25, CP26, CP27, CP28) in 25-48% of buildings. In the Hospital, a disabled toilet was located on each floor.

Arrangement of rooms and passageways defined as "...arranged in a predictable/orderly manner..." (CP12). This barrier was indicated in 47% of buildings.

In 29% of the buildings, the barrier of inaccessibility of all customer service desks for wheelchair users was indicated (CP22). In addition, a significant proportion of the barriers in the area in question are missing stair markings (CP06, CP07) in 60-64% of buildings. Lifts/platforms/lifts to bypass stairs (CP09) were also found to be missing in 33% of the buildings. In relation to the floor surface finish materials used, non-slip stairs (CP10) barriers were indicated in 24% of buildings. Inadequate width and height of internal doors (CP13) was indicated in 29% of buildings. At the Hospital, all buildings and floors are equipped with lifts, the only barrier that was diagnosed relates to the lack of voice modules to inform the patient of the floor.

The accessibility survey showed that the Hospital has limited capacity to provide accessibility to patients with visual and hearing disabilities and patients with communication difficulties (including understanding written or spoken language). Most (65%) of the diagnosed barriers and difficulties belonged to the area of communication and information. The lack of a unified and graphically coherent audiovisual system to support communication between staff and patients and the lack of technical solutions to support communication with the hospital for the visually impaired, deaf and those with communication difficulties is the most serious barrier identified in the self-report survey. The Hospital also lacks clear information on the layout of each building and the layout of the rooms in each building in a visual, tactile or voice-activated way.

The communication and information barriers diagnosed in the Hospital result in it being unprepared to deal with a deaf patient who does not speak Polish. The staff are unaware of the problems and needs of deaf people, mistakenly stuck in the belief that all deaf people read lip reading and that they can read or write in Polish. Lack of preparation of Hospital staff (especially the ED) to interact with deaf people can lead to behaviour that harms the deaf person and exposes them to additional trauma. The Hospital has not developed and implemented standards for dealing with deaf, blind and intellectually disabled patients.

Conclusions: Architectural and information and communication accessibility at both public entities surveyed needs to be improved. With regard to ZUS, architectural barriers in the form

of 1,452 barriers identified at the entrance to the building should be removed first, as these are the ones that make it physically impossible for people with disabilities to access the institution. The most prevalent deficiencies in this area, i.e. variable ground texture (WE05) in 72% of buildings and contrasting stair markings (WE10) in 51% of buildings, are likely to be relatively easier to remove than providing automatically opening doors (WE12) in 47% of buildings, adequate handrails at stairs (WE08) in 37% of buildings or ramp parameters (WE04) in 17% of buildings.

The accessibility survey also showed that 27% of ZUS buildings are not equipped with lifts (CW01), while the most common barrier in facilities where lifts have been installed is the lack of additional distinction, in colour and touch, of the 'zero' storey button (CW11) in 29% of buildings. In addition, there is a lack of audible signalling to inform about the closing and opening of the doors (CW06) in 24% of the buildings, and a lack of handrails on both sides inside the lifts (CW16) in 23% of the buildings. Significant deviations were found in the lack of additional signage for the visually impaired at the control panels and the lack of voice information on which floor the lift stopped on (CW09) in 19% of buildings, and the absence of an acoustic signal of the lift's arrival (CW07) indicating which lift has arrived and which way it is going, as well as information on the floor number on which it is currently stopped in 18% of buildings.

The results obtained in the study may help develop effective strategies for implementing and monitoring accessibility for people with disabilities at the Social Insurance Institution and the Prof. Grucy Hospital in Otwock.

On the basis of the analyses performed, the following conclusions were drawn:

1. barriers and hindrances for persons with disabilities were found in more than 80% of the buildings where the accessibility survey was carried out.
2. barriers for people with disabilities in the area of communication and information accessibility constituted an overwhelming (65%) majority over barriers in the area of architecture and digital technology.
3. the most excluded from public services in the surveyed entities (due to zi-identified barriers) are people with visual and hearing disabilities and people with intellectual disabilities.
4. Public institutions, such as the Social Insurance Institution, should have detailed accessibility standards for people with special needs. Current legislation does not

specify recommended solutions in the area of architectural and information and communication accessibility.

5. compliance with the Accessibility Standards for Primary Health Care and Accessibility Standards for Hospitals developed by the Ministry of Health (March 2022) should be an obligatory condition for entities providing health services financed under the National Health Fund.

Keywords: architectural accessibility, information and communication, person with a disability, barriers.