Access

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Access, or lack of it, is still the fundamental issue preventing disabled people from fully taking part in society in the UK, yet we are still – over forty years after legislation began to be introduced to begin to address this – creating buildings and transport systems that perpetuate discrimination. We have moved slowly since the late Alf Morris managed to get the Chronically Sick and Disabled Persons Act 1970 passed by Parliament. This was the first legislation in the world to make it unlawful to discriminate on the grounds of disability; it was a landmark victory and a paradigm shift for many (Campbell and Oliver 1996).

'Can disabled people go where you go?' was the slogan of the Silver Jubilee Committee on access for disabled people back in 1977. It could just as easily have been the slogan for the recent Diamond Jubilee in 2012, because there are still many subtle 'no go' areas. Back then, local authorities started to look at the services they provided, realising that in many cases their approach to disabled people would need to move from 'care and control' to 'choices and rights'. This was becoming evident from the burgeoning disability rights movement, ignited by the social model of disability (Oliver and Barnes 2012).

More enlightened local authorities introduced codes of good practice building on the requirements of the Act. Access Groups were set up, driven by disabled people who challenged local authorities about lack of access provision and who, as a result, began working with planning departments to fight for local solutions. This direct action resulted in positive changes as politicised disabled people 'policed' local developments.

Living as a disabled person throughout this time and being active in the war of attrition that has taken place between disabled people, governments, local authorities and institutions has given me certain insights. We have had allies in both government and some authorities, but our battles have been hard won against the many who simply do not care enough about access to simply think about how they, as people with power, might facilitate change.

Architecture and design are two great unseen social drivers that have a profound effect on access for disabled people, but there is very little time spent in considering this within the teaching institutions – it is simply not on the curriculum (Hemingway 2011; Morris 1993). The building regulations demand minimum requirements to be in place, but many think these requirements are best practice when actually they are a bare minimum. Part M of the Building Regulations 1985, updated in 2004, now states that the requirements of the new part M no longer refer to 'Disabled People' – the aim of the new part M being to foster a more inclusive approach to design to accommodate the needs of *all* people. Similarly, the explanation of the relationship between part M and the Disability







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Discrimination Act 1995 has been amended in 'use of guidance' to reflect regulations made or revoked. Interestingly, the guidance states that:

There may be alternative ways of achieving compliance within the requirements. Thus there is no obligation to adopt any particular solution contained in an approved document if you prefer to meet the relevant requirement in some other way.

(Planningportal.govuk 2008)

This unlocked architects and designers from the rigid and often lazy way access solutions were imposed, frequently reflecting a medicalised approach – for example, the ludicrous situation of sumptuously designed toilet facilities in keeping with the general design ethic of a building but with the accessible toilet looking like something out of a hospital. Nevertheless it seems that few architects or designers exercise this freedom to seek more aesthetic solutions. It could be argued this is because they never even think to consult disabled people as potential users of the public spaces they are creating. This is another example of the professional assuming they have all the answers or relying on theoretical solutions rather than lived experience.

In the 1980s, when local authorities were developing their codes of good practice, the Disabled Persons (Services, Consultation and Representation) Act 1986 required them to start seeking input from disabled people (Barnes 1996). I recall developing a county-wide mobility handbook under the leadership of the county surveyor and being told that I was considered to be an idealist and dreamer to imagine that wheelchair users in the future would be able to travel by bus. This was considered unthinkable and unachievable, yet twenty-five years later, that is exactly what I am doing – all it took was a change in design, a simple requirement. It is both shocking and amazing that it took so long. Ironically, however, as I sit in my space on the bus, as decreed by law, should another wheelchair user at the next stop want to get on they will be denied because there is usually only space for one wheelchair user, even if the rest of the bus is empty. So both a partial victory and a validation on dreaming.

My earliest journeys on the train were taken in the goods van, locked in without access to any facilities and paying for the privilege. This has slowly changed, but again space is limited and it is unlikely that two wheelchair users could travel together. Having to request that passengers remove their luggage from the wheelchair space and waiting in hope that a staff member with a portable ramp will appear to get a wheelchair user off a train once all the ambulant travellers have alighted is partial, rather than full access.

Theatres and cinemas provide limited access. Wheelchair users are segregated into specific areas while British Sign Language (BSL), subtitled and 'relaxed' performances are few and far between. Booking concert and travel tickets may have been revolutionised via online booking systems, but if you want the accessible seats or spaces then you are forced to go through to an access phone line which will almost inevitably have limited opening hours and have the cost of the call attached: again, partial access. Or, you are provided with a wheelchair space but your non-disabled companion cannot sit with you due to spurious health and safety rules consigning all the 'wheelchairs' to sit in a ghetto with companions in a seated area elsewhere.

Recently when talking to architectural students I asked where they would go to seek access advice. They suggested doctors, physiotherapists, social workers. No one





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proposed consulting with disabled people, even though one was leading the discussion and seminar!

In conclusion it could be argued that we are achieving partial access, but is this potentially more disempowering? As it hints at the possibility of inclusion but the frustrating reality for many still remains tantalisingly out of reach and an unsatisfactory concession, it seems that, as a nation, we are prepared to accept a tokenistic solution. It may be thought that due to legislation the job is done, but it isn't, and we are in a dangerous position in thinking everything is in place to ensure disabled people have an equal opportunity to take part in society. This simply is not the case. These partial victories need consolidating before they become lost.

For Discussion

- Can disabled people go where you go?
- What examples of partial access can you think of?
- What constitutes an inclusive environment and what are the imperatives for creating and developing inclusive design solutions?

Further Reading

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