

Is now the time to review provision for special needs: Lessons from the Olympics

As the Olympic gold dust settles the real treasure of inclusive design may lie in a better understanding of our existing local infrastructure and amenities. This viewpoint chronicles how public policy has addressed 'special needs' provision over the years but asks whether, following the Olympics and Paralympics, the time is now right to make better use of what exists and what can be improved with advantage for all.

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Background

In recent years, not least with the recent Paralympic Games in London, disability has been assessed, quantified and categorised as never before. But given the deprivations and short life expectancy of most people in the last century, 'disability' as such is a modern concept. In the past, it was simply one of many difficulties to be confronted whether physical or financial. For support of any kind one could appeal to divine powers or more usually seek 'poor relief' made available at home. The last resort was of course the Workhouse, initially pragmatic institutions though later symbols of destitution and shame for those who entered. Making provisions specifically for disabled people was driven in the first instance by national concerns for wounded military returning from war. Wren's Naval Hospital in Greenwich had many counterparts in England and elsewhere.

The position changed following World War Two when, for the first time, civilians joined the list of war casualties. Compensation, already available for the wounded military as pensions, now had to be extended on a national scale. Coupled with the new National Health Service in 1948, here we have the bones of support in place for disabled people in the second half of the last century. It made special provision for those who declared their needs.

The purpose of this brief history is to note that any provision made was specific and focused. Targeted at those in need as medical care at hospital or as a pension for those at home, these new national initiatives were delivered via the respective government departments of Health and of Welfare. Arrangements to facilitate returning to work soon followed, along with the emergence of a range of supporting charities that even now remain household names.

Despite this impressive framework, probably a world leader at the time, the relevance of the built environment to the circumstances of disabled people was not a consideration. In essence, disability was seen as confined to a few and addressed through special arrangements. This was the case with health, notably the regional orthopaedic hospitals where many severely disabled people in reality lived. Similarly with special needs boarding schools where disabled children were brought up, and again with the benefits and pensions systems related to work. Suitable housing for disabled people, young or old, did not feature then as a concern either by way of special provision or generally.

Another pattern to note in these pre- and post-war times was the mutuality of arrangements that developed between government and established charities in providing for these 'special needs'. This partnership arrangement could be justified at the time while the numbers involved were relatively small. But questions would now be raised concerning such policies, separate as they were from the mainstream and constrained in ambition by the limits of charitable generosity in difficult times.

New legislation

Arguably this began to change in 1970 as a result of a Private Member's Bill that, against expectations, succeeded in passing into legislation. The breadth of initiatives triggered by the Chronically Sick and Disabled Persons (CSDP) Act¹ led to changes still underway four decades later and is perhaps an indicator of how long key social changes can take. The Act, and the Ministerial post created with it, did many things, not least making provision for the cost of being disabled (benefits) and funding arrangements for transport (mobility allowances). But

¹ - The Chronically Sick and Disabled Persons Act obliges councils to provide services to the chronically sick and disabled. The services include providing practical assistance in the home, disability equipment, help to adapt homes and meals at home.

critical to this article, the legislation acknowledged the relevance of the built environment to the life chances of disabled people. This was a first.

It focussed on the need for physical access to places of education, especially universities and libraries. It later extended its attention to opportunities for work and places of employment. Viewed now, the initiatives seem outdated and a little tame in their demands. However, at the time they represented a shift from charitable support with all the limitations that those arrangements imposed, and instead to personal support and all that this might make possible for the individual.

Nevertheless, for the next two decades policy continued to focus on 'special needs' provision for the individual as the objective rather than addressing the inaccessibility of the built environment and mainstream living at large. An example was the provision of an alternative to the post-war invalid car, a single seat vehicle that made no concessions to comfort or companionship, intended as it was for transport to work and nothing more. The CSDP Act now provided choices to include adapted cars like the Mini as personal transport and opened up completely new opportunities in what can only be described as life changing. What it did not do, and in practice actually avoided, was influence change to the inaccessibility of the public transport system at large.

A similar story unfolds with regard to schools and education. A requirement for a national standard of education for disabled children had existed since the time of Lloyd George but it was delivered not at a local school but at a distant charitable boarding school set up for the purpose. By this means, the costs of achieving the policy commitment were contained and the role of the special needs charities enhanced. The downside was the absence of mainstream education as an option for disabled children and the containment of their potential accordingly.

The development at this time of housing intended for disabled people inevitably followed similar 'special needs' lines. The post-war hospitalization 'trap' experienced by many younger disabled people in the early years of the NHS was broken in the 1970's by the creation of Young Disabled Units (YDUs) in 1971² as an alternative to living on a hospital ward. Selwyn Goldsmith and others stretched the 'special needs' approach yet further with the creation of the Mobility Housing concept at this time. This was a new type of housing aimed at wheelchair users living independently at home. However, as with any special provision and particularly buildings, those needs could only be addressed by moving to that home, or more usually, that group or cluster of homes, more often than not sheltered from the benefits of mainstream living.

Significantly, at this time a group of breakaway charities came into being, no doubt encouraged by the forward thinking legislation of the time. The Habinteg Housing Association is a case in point, providing as it did wheelchair-user accommodation, not in enclaves, but integrated within 'normal' housing. Scope too (then the Spastics Association) was a parent-led breakaway group aspiring to something better for their children regarding their housing but also their employment. Clearly attitudes were changing and in turn the new Minister for the Disabled brought into being the Centre on Environments for the Handicapped (CEH), later to be called the Centre for Accessible Environments (CAE). The function of CEH was to provide direct advice to the minister on the progress of Government policy and associated developments.

² - Memorandum Submitted To The House Of Commons' Health Committee Inquiry: Social Care, October 2009, Thane P, page 8.

Statistics and demographics

Key to the theme of this article is the relevance given to statistical data, especially by government. The number of disabled people was relatively modest in 1970³, in part as a result of the tight definition of disability. In the last few decades, the statistics have changed with numbers increasing over the years as a result of the ever-broadening definition of disability, but more to the point, the direct correlation between disability and our increasingly elderly population.

This link between disability and an ageing population is now firmly established but even so continues to be the focus of largely 'special needs' policies. Between 2008 and 2051, the proportion of people aged 65 and over is projected to increase from 16 to 24 per cent⁴ at a time when many of the adult population will be expected to work until they are 65 or older. This is a startling prediction allied to a major change and must increasingly cause a shift not only of policy thinking but also of political thinking and imperatives. The statistics at some point must logically shift provision for disabled, and 'older' people, away from 'special needs' arrangements and more into mainstream public policy.

With this proposition in mind, it is helpful to again draw a parallel with transport. Post-war provision of Invalid Carriages (as they were known) has been referred to. These were a highly focused response by the Department of Work and Pensions and provided individual disabled people with personal transport for getting to work. Despite their obvious stigma, these vehicles were widely used because no other options were funded. By the mid 1960's, provision was however widened to allow the cost of ordinary vehicles to be 'adapted' for disabled drivers. This not only reduced costs (you had to buy the car) but spared the government from addressing the acute inaccessibility of public transport at a vastly greater cost. It took another 25 years before accessible 'kneeling' buses were trialled. Although intended to encourage the use of public transport by disabled people, they proved highly popular with parents with children, buggies and prams. This unexpected benefit added value to the idea of kneeling buses and the idea has continued to gain ground since. The key here is that a beneficial idea intended for disabled people has sustained itself by being embedded in mainstream provision.

Employment has similar parallels – jobs held open for disabled people have, theoretically, long been out of favour; a post as a lift attendant used to be the favourite. But employment legislation has developed to facilitate a shift to mainstream work rather than dependency on special arrangements. Building Regulations requiring access to places of work have helped underpin this objective. But all fails if one cannot get to the place of employment because of inaccessible public transport or nowhere to park an adapted car.

The business case

Other themes invite similar comparisons, not least the retail services. Sainsbury's and Tesco supermarkets of the 1980's were very different to now, not only in their scale but critically their location and design. Like it or not, the out-of-town supermarket of recent times has been a success across the developed world and the UK is no exception. The functional characteristics on the customer side are entirely based on inclusive design: accessible parking, level entrances, generous circulation routes, accessible WCs and more. They are an object lesson in inclusive design that could usefully be followed by others.

³ - 634,336 people in the UK were registered as disabled in 1970, compared to the highest recorded figure of 936,196 in 1950. Source House of Commons Employment Committee, 1994. *The Operation of the Disabled Persons (Employment) Act 1944, Minutes of Evidence Tuesday 8 March 1994*, 281-i, London: HMSO.

⁴ - Pension Trends, Chapter 2: Population Change, April 2010, Office for National Statistics.

The main point is that the supermarkets see no difference between an agile teenager's pound or a less agile pensioner's pound; all are welcome for business. It has for some time been understood that features of inclusive design must be in place to attract the customer and the swelling numbers of customers are testimony in part to the benefits of their design strategy. A withdrawal of supermarket shopping with co-located parking would now cause an outcry – given its obvious attractions to such a wide and a large range of customers. Is an urban equivalent possible?

Tourism is also a numbers issue, whereby hotel operators respond to prospective markets and alter their design-offer accordingly. The industry response has largely been marked by disbelief (in the benefits let alone the need for accessible bedrooms) and by reluctance to deliver. But there is an indication of change as the business potential and opportunities become clear, aside from the pressures of legislation. Disabled people, wheelchair users included, are likely to be accompanied by a partner or by family and maybe more. If an accessible bedroom, etc, is not available, the family will go elsewhere. Apply this principle to the older tourist and older working person and the benefits multiply. The same is the case with conference facilities, often within hotels. Conference organisers, certainly when appointed by public bodies, inspect the hotel for its accessibility and make a booking (or not) accordingly. These examples are usually referred to as the 'business case'.

Is there a similar universal 'business case' argument for accessible housing in the private sector or indeed for social and intermediate housing? The first specific question to ask is what is meant by 'accessible housing'? This term has a fairly recent history of development, less than 40 years. The focus over those years and still has been on internal design standards entirely related to the use of internal space and movement within that space. As these standards change, not least in response to perceived local needs and the Government's National Planning Policy Framework, so space requirements usually increase further. This is already happening in London. For social housing, space increase may not be an issue but for market housing it is, or so developers believe. And for that reason Government might also agree. Defining accessible housing by its footprint and layout may lead to its demise by a cost conscious Government intent on a rapidly growing housing programme

Government, as with the invalid carriage, might prefer to focus on provision only when specifically requested, rather than create a general 'bank' of provision in anticipation of need.

It may be that any debate between local authorities and developers should put the space standards issue to one side or at least counter balance them and instead ask disabled home seekers quite what it is they are looking for from an inclusively designed home. An answer is likely to be that, yes, more space is always welcome, but if the home on offer is too far from public transport, from the shops, from vital public services, then no amount of increased internal floor space will compensate. The perception of disabled residents as being home dependent can only be reinforced when issues of location are ignored as part of design standards. And they are ignored - by the Lifetime Home Standards (LTH) and similar published guidance, and by guidance about designing wheelchair accessible homes.⁵

The anticipated success of the Olympic Village may in part be because it has addressed the issue of location and external inclusive design. At the Village, as elsewhere in the Greater London Authority area, 100% of all homes are built to LTH standards and 10% of them are designed to meet the needs of a wheelchair user. There will no doubt be hot debate about the

⁵ - Guidance on the design of wheelchair accessible homes includes: *Wheelchair Housing Design Guide*, 2006, Thorpe S., and Habinteg Housing Association; *Wheelchair Homes Design Guidelines*, 2011, South East London Housing Partnership, and *Wheelchair Accessible Housing*, Best Practice Guide, 2007, Mayor of London.

design details delivered; the height of light switches and the dimension of door nibs as these requirements continue to change. We should certainly anticipate even more debate about the exhausting complexity of the allocations policy and its effectiveness in meeting real demand.

Critically, what will not be in doubt for the Olympic Village is the first class availability of public transport by bus, rail and tube – all accessible, transporting the public to local stations, to London and even to Europe. Add to this first class public realm with safe, well lit streets and step-free pavements to the local school (academy), theatre, health centre, parklands and even, should you wish, the ex-Olympic sporting venues. Here perhaps is the embodiment of inclusive design; the type that helps minimise any potential difference of opportunity for socialising, leisure, education and employment for all. Based on this broader understanding the Village is, by good fortune, likely to be the most inclusively designed major development in the UK yet.

But as the Olympic gold dust settles the real treasure of inclusive design may lie in a better understanding of our existing local infrastructure and amenities. How to make better use of what exists and what can be improved with advantage for all. As governments shy from expenditure we may need to get good at extracting the best from their intentions. For example, the benefits of the Network Rail expenditure on upgrading their stations – what can this mean for accessible housing and all that it might intend? Our many high street improvements, designed to draw increased business certainly but with a strengthened business case if the design is right.

The trick for all parties seeking justification for expenditure will be to develop a set of tools that enable us to identify the financial rewards of inclusive design more widely than is currently the case. The Olympic Village must be the first such assessment.

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

For further information about the Housing LIN's comprehensive list of online resources and shared learning and service improvement opportunities, including site visits and network meetings in your region, visit www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If you have an example of how your organisation is closely aligned to a 'Living Lab' approach or' a subject that you feel we should cover, please contact us.

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