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Housing LIN

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ISPA

Intersectional Stigma
of Place-based Ageing

Trapped by Safety: Fire Doors, Accessibility and Stigma by Design



Economic
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Research Council




“Fire Trumps
Accessibility”



FIRE-SAFETY POST GRENFELL

- Disabled residents were disproportionately impacted in the GT fire
- Brought sharper focus on fire safety
- But emerging tensions between fire safety & accessibility
- Weight of doors - adaptations faced with technical issues, costs, 'knowledge gap' etc



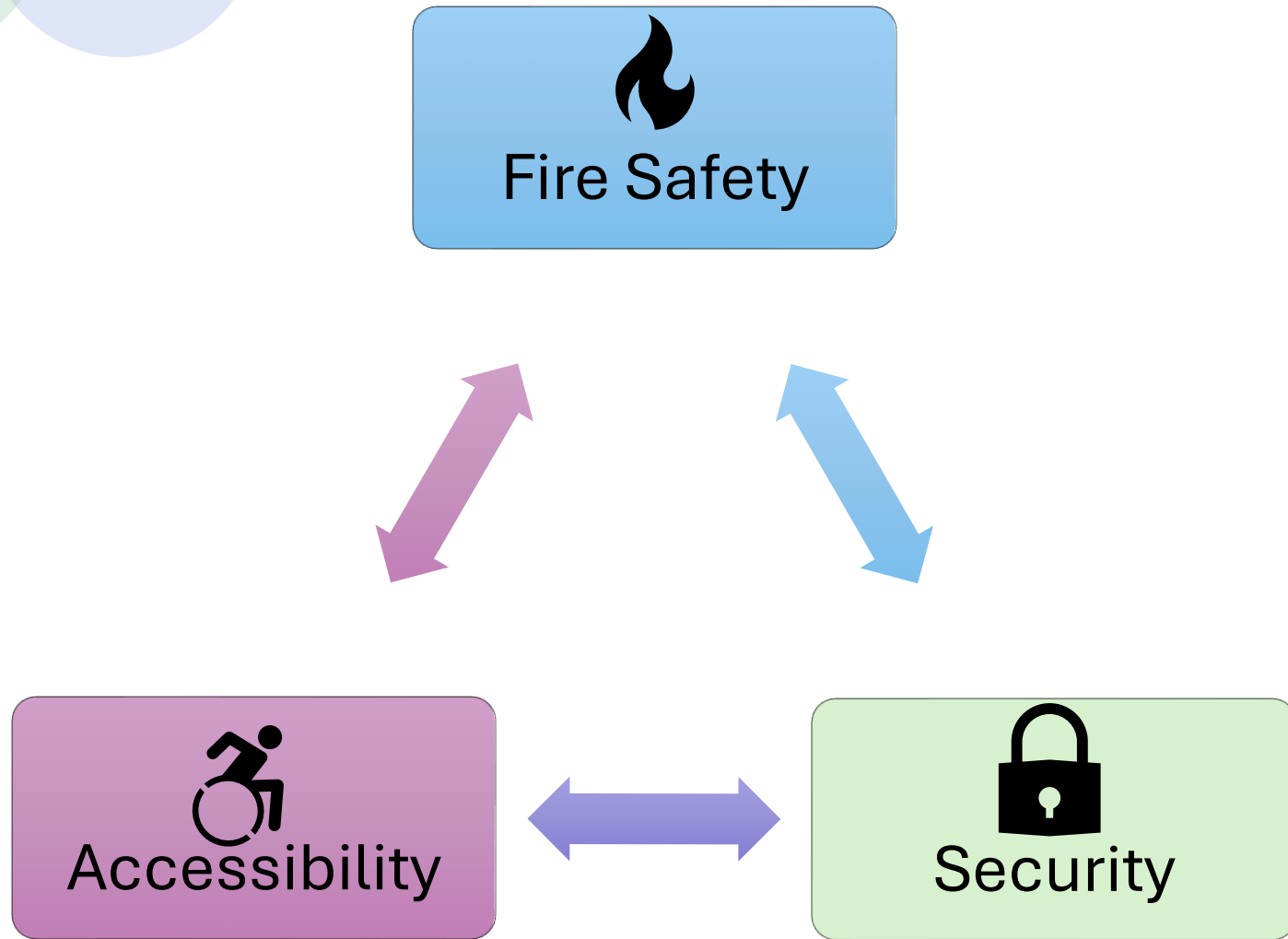


I've always been disabled, and so ever since I was in school, I have experienced the fire alarm blaring and going to sit in a stairwell while everyone around me leaves for safety. As a child and a young person, I accepted it. I thought that was my lot. Like disabled people across the country, I sleep feeling anxious,”

*(Sarah Rennie, Wheelchair user & Campaigner,
cited in Apps 2022: 298)*

THE RESEARCH

5



- Interviews with OTs, architects, housing officers, buildings managers, surveyors – across Scotland
- Inter-agency working – professional knowledge – external & organisational barriers
- Reporting 5th November 2025



OUR DATA

6

- Affects doors in communal areas; front & internal doors in flats
- Pushing open with walking stick and then 'being hit'
- Need help from others or 'stuck'
- Wedging fire doors open (fire risk)





Focus Group extract:

CPR092: I showed you my bruises, didn't I?

CPR093: Your bruises?

CPR092: Aye, coming through they doors.

ISPA_ANP: When they slam.

CPR092: Uh-huh, when the doors hit you, you know what I mean?

CPR093: When I come in, I catch it with my backside.

CPR093: Did the door do that to you?

CPR092: Aye.





STIGMATIZING DESIGN



As one Occupational Therapist described to us, automatic door openers, while technically compliant, can leave residents surrounded by a:

“sea of buttons ... in a small residential hallway”

... spaces that feel medicalised rather than homely.

Such adaptations may also be rejected by residents who do not want their homes to resemble hospital waiting rooms, highlighting how design choices carry social and emotional weight as well as practical consequences.





The research found:

- Creating barriers
- Trapping people
- Traditional fix- automatic door openers
- Look like 'hospital waiting room'
- Rejecting them on aesthetic grounds

One of the residents was very much, I am not having them because they look horrible. I totally get that, they do tend to look like a hospital waiting room, automatic door opener, you know. You can get them with a wee bit more discretion, but not much more [...] the bar goes across the middle of the door to open it. They put finger guards down the side of them as well to prevent people getting their fingers trapped, so you have got that (Occupational Therapist)



UNCERTAIN PRACTICE LANDSCAPE

- Lack of definitive answers
- Conflicting/inconsistent advice
- OTs in different areas favour different solutions
- Professionals fighting their own corner
- Takes long-time to resolve for tenant/customer





TECHNICAL, COMPLIANCE, BUDGET CHALLENGES



Maintenance & breakdowns



Specialist contractors



Fire safety one of range of compliance measures



Building warrants for adaptations

- Retrospective adaptations for new-build due to design
- Replacing fire doors expensive (door sets, hard-wiring etc)
- Different funding pressures & priorities in private housing market (multi-ownership)



IN SUMMARY

This case study illustrates that technical fixes are rarely straightforward. Professionals face a confusing regulatory environment, costly and uncertain adaptations, and frequent tensions between different professional disciplines.

Residents are too often left waiting in inaccessible homes, sometimes forced to improvise unsafe solutions such as wedging fire doors open.



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If safety is prioritised without equal regard for accessibility, we risk creating environments that exclude, stigmatise, and endanger those they are meant to protect.
No one should be trapped by safety.

URGENT ACTION NEEDED

1. A multi-agency national forum to resolve strategic issues and provide clear guidance.
2. Fire safety education and CPD embedded across housing, health, and design professions, which also considers accessibility requirements and the equalities act.
3. Good practice exemplars of accessible and/or adapted fire doors to share learning across the UK.
4. Shared advice hubs to reduce duplication and cost.
5. Centering residents' voices at the centre of design and decision-making - a lesson reinforced by Grenfell.



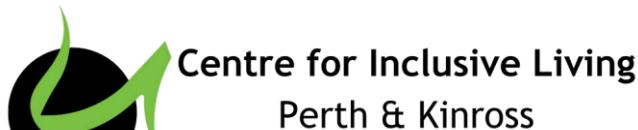
tenant participation advisory service



Chartered Institute of Housing Scotland



Digital Health & Care Innovation Centre



Glasgow and West of Scotland Forum of Housing Associations



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