ISPA
Intersectional Stigma of Place-based Ageing

Trapped by Safety?

Fire Doors, Accessibility and Policy Tensions in Housing

An ISPA case study on the tensions between fire safety regulations and accessibility for older and disabled people

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Executive Summary

This report highlights a central paradox: measures designed to keep people safe can, in practice, leave older and disabled people trapped by safety. Drawing on interviews with practitioners, we examine how fire doors - a cornerstone of fire safety regulations - can create disabling environments and reinforce stigma by design. Practitioners described how the hierarchy of fire safety, accessibility, and security consistently places fire at the top. As one housing manager put it:

> *'Fire trumps accessibility' (Housing Manager)*

This uncompromising prioritisation means that accessibility is often treated as secondary, leaving residents struggling with daily barriers. For wheelchair users and older people with reduced strength or mobility, the heavy, self-closing doors designed to contain fire can make even entering or leaving their own homes an exhausting and risky task.

Attempts to solve these problems can also reinforce stigma. 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*', creating 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.

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. Our findings point to a need for urgent action:

1. A multi-agency national forum to resolve strategic issues and provide clear guidance.
2. Fire safety education and Continuing Professional Development (CPD) embedded across housing, health, and design professions, which also considers accessibility requirements and the Equality Act 2010.
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. Amplifying residents' voices at the centre of design and decision-making - a lesson reinforced by Grenfell.

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.

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Introduction

This report focuses on the role of housing and health organisations (including the practitioners working within them), and their contribution to tackling inequalities and stigma. It sits within the wider Intersectional Stigma of Place-Based Ageing (ISPA) project, a five-year ESRC-funded study exploring how the stigma attached to where people live intersects with experiences of age and disability. A central aim of ISPA is to highlight and challenge the systems, policies, and practices that unintentionally exclude older and disabled people from living well in their homes and communities.

Across our project-wide data collection, a clear theme has emerged around the tensions between accessibility and fire safety in relation to doors. Community Peer Researchers (CPRs) of older, disabled people have shared their lived experiences of being trapped in their homes, sustaining bruises from fire doors, and navigating daily barriers created by design decisions. Practitioner members of our Inclusive Living Alliance also raised similar issues through our collaborative conversations.

This report responds directly to those concerns. It focuses on the specific case of fire doors as an example of how safety measures can inadvertently produce disabling environments and reinforce stigma by design. It draws on targeted interviews with those working across varied housing and health professions in Scotland.

Policy Background

To understand the tensions at the heart of this case study, it is first important to consider the policy and regulatory context of fire safety in the UK and Scotland. High-rise housing in the UK has historically been designed around the principle of compartmentation. Flats are built to contain fire and smoke within the unit of origin, meaning that if a fire is not within your flat, the safest course of action is usually to remain inside with doors and windows closed. This ‘stay put’ guidance has been a central feature of fire safety advice in such buildings.

The Grenfell Tower disaster of 2017 represented a catastrophic failure of the ‘stay put’ principle. Poor retrofitting, including flammable cladding, meant compartmentation broke down, allowing fire and smoke to spread rapidly. Fire doors were reported to have been missing their self-closers, thereby failing to stop the spread. These issues were in turn exacerbated by a chaotic emergency services response, with devastating consequences: 72 residents lost their lives. Grenfell was home to many people who could not be evacuated unaided, fifteen of whom died because they followed the stay put advice and no one came to rescue them (Grenfell Tower Inquiry, 2024; Apps, 2022).

The human impact of this policy failure is particularly stark for disabled people. Peter Apps’ (2022) book, *‘Show Me the Bodies’* includes harrowing extracts from emergency service call

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transcripts of residents awaiting rescue. Disability campaigner Sarah Rennie further reinforces the anxiety such situations continue to generate for disabled people:

> *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 (Rennie, cited in Apps, 2022: 298).*

Out of the tragedy of Grenfell there has emerged a much stronger focus on fire safety within building regulations, including requirements around fire-resistant compartmentation, fire-resistant materials, fire doors and escape routes (Fire Safety Scotland, undated). However, fire safety law in Scotland differs from the rest of the UK (Gollan, 2021). The Scottish Government has published its own response to the Grenfell Inquiry alongside guidance on achieving the standards set in the Building (Scotland) Regulations 2024 (SG 2025; see also 2020a, 2020b, 2019).

Disabling by design

These building regulations apply both to new construction and to alterations or extensions to existing buildings. Yet some measures, and in particular fire doors, risk creating more disabling environments.

For example, flats situated 4.5 metres or more above ground level must have fire doors between all habitable rooms and the hallway or stairwell. In addition, every development requires a fire door at the main flat entrance to separate it from corridors or stairwells (Traynor Williams, 2024). These shared or communal areas will also require fire doors.

Designing something that disables people leads to direct and indirect discrimination and stigma and does not uphold the spirit of the Equality Act 2010 (McCall *et al.,* 2024). Inaccessible fire doors are a clear example of disabling by design, and these requirements have significant implications for older and disabled people living in flats and high-rise accommodation. Fire doors are heavier and typically designed to be self-closing, which makes them difficult to open for older people experiencing reduced strength, as well as those with mobility impairments using wheelchairs or other mobility equipment such as walking frames or sticks.

While compliance with fire door regulations is a legal requirement that plays a critical role in protecting lives by slowing the spread of fire and smoke, insufficient attention has been given to the accessibility barriers they may create. Retrospective adaptations are now being required in existing homes, placing additional strain on already constrained budgets. In

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Scotland, the funding of adaptations is split into Stage 2 and Stage 3, with Stage 3 adaptations involving larger, more costly changes such as stair lifts, bathroom conversions, or structural works, which require more complex assessment, funding approval, and contractor involvement.

Figure 1: Emergency exit routes (source: Watthana Tirahimonchan/Shutterstock.com)

Fire door adaptations typically fall into this latter category, as they often involve replacing the door set or installing automated mechanisms. This places significant pressure on already stretched Stage 3 budgets, which many stakeholders working in the process already report is insufficient to meet growing demand (McCall *et al.,* 2025a). There are also challenges around maintenance, repairs, and cyclical replacement of fire doors, which are not eligible for adaptations funding. This can be even more difficult to resource in buildings with multiple owners, which is not uncommon in Scotland. More worryingly, the same issues are emerging even in some new-build developments, highlighting how little foresight has been given to accessibility in current design standards and development processes.

The challenges, however, are not solely financial. A lack of effective joint working between housing and health professionals has long been recognised as a key barrier to delivering inclusive solutions (McCall, 2024). The lack of foresight in building standards has also led to accessibility becoming an afterthought, leaving disabled people waiting for costly, complex adaptations and reinforcing stigma by design.

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Fire doors' contribution to stigma

The lack of regard for accessibility in these debates on fire safety talks to the wider stigma and discrimination faced by older and disabled adults in society (McKee *et al.,* 2024). Building regulations have introduced heavier doors that they struggle to open, leaving them at risk of being trapped in their homes. A recent interview in the Scottish trade press with a tenant who is a wheelchair user highlights the barriers created – bringing valuable lived experience to this discussion. Whilst this quote talks to a number of different issues around the complexities of the adaptations process and the availability of care, it also underscores the wellbeing impacts of living in a home that does not meet your needs, and the challenges this poses for achieving independence:

> *I had brought the doors to the housing association's attention in the past, but was brushed off and told that there's nothing they can do […] I told them I was having major surgery in February and my mobility would be restricted further, so it was really very urgent […] Being trapped inside for months does not bode well for recovery, and severely impacts my mental health. I can only get out of the building during care hours when I have someone to help me through the doors, and I am only entitled to 12 hours care a week […] it is a complete lack of accessibility, as well as a serious health and safety issue (Honey, cited in SHN, 2025: no page number).*

This testimony underlines how fire doors can be disabling. Yet at the same time, research shows that older people are more likely to die in a fire (Centre for Ageing Better, 2022). This dual reality underscores the importance of improving practice to keep people safe and ensure they can live their lives well. Past research has also raised concerns about the governance of fire safety in the building and planning process, particularly the role of professional expertise and knowledge within this (Apps, 2022; Benson & Elsmore, 2021; Carr *et al.,* 2017).

Our research seeks to add further insights to these debates.

Figure 2: Areas of refuge (source: Joni Hanebutt/Shutterstock.com

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Research Aims and Approach

This project explores the policy and practice tensions between fire safety and accessibility, specifically in relation to fire doors. It draws on twelve semi-structured online interviews with practitioners working in housing and health (non-NHS) in the Scottish context. The sample included architects, building surveyors, housing association staff in varied roles and organisations of different sizes, plus those working in adaptations, occupational therapy, and advocacy and advice.

This case study is the second report from work package 4 of the ISPA project, which focuses on the role of organisations (and practitioners) in tackling the place-based inequalities and stigma facing older, disabled adults. It emerged from members of our Inclusive Living Alliance of practitioners, who raised concerns with us about the challenges posed by building regulations around fire doors for accessibility and adaptations. This was mirrored in lived experience data collected by the ISPA project's network of CPRs elsewhere in the project. Through a deeper focus on this issue, we hope to share learning and raise awareness.

Ethical approval for this project was granted by the University of Stirling. All quotes have been pseudonymised and no real names of people (or their organisations) are included.

Thanks to Dr Jenny Preece (University of Sheffield), Julia Lawrence (University of Stirling) and two anonymous members of our Inclusive Living Alliance (who were also research participants) for their feedback on draft versions of this report.

Please note, the conclusions within this report should not be taken as a substitute for professional advice on matters relating to building standards and design or fire safety.

Figure 3: Disabled access (source: M. Volk/Shutterstock.com)

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Key Findings

Our research highlights a clear paradox: while fire doors are designed to keep people safe, they can in practice leave older and disabled residents trapped by safety. The experiences shared by practitioners (and CPRs) show how regulatory compliance, technical fixes, and design choices can inadvertently create disabling environments. What is intended as protection can instead generate physical barriers, reinforce stigma, and undermine wellbeing. The findings are presented thematically below in the sections that follow.

Accessibility challenges and stigma by design

Fire doors are significantly heavier than traditional doors, making them difficult for some older people and wheelchair users to open. This creates additional barriers to moving freely around the home. The problem is amplified for wheelchair-accessible doors, which are wider by design and therefore even heavier.

Practitioners described how residents can resort to improvised solutions to navigate these doors: wedging them open, pushing them with walking sticks, or relying on neighbours for assistance. Without such pragmatic workarounds, people risk being trapped in one room (where internal fire doors are present) or being unable to enter and exit their property via the main door. These barriers reduce and restrict people's movements both in their own homes, and in accessing communal facilities inside and outside the building. This has serious consequences for independence, health and wellbeing - as captured in recent media reports (see for example, SHN, 2025; BBC News, 2024).

Landlords (and property managers) sometimes install automatic door openers, which can be activated by a push pad or electronic fob. Yet even with this technology, residents may struggle to move through doors quickly enough to avoid being struck from behind as the door closes. Accessibility barriers were noted not only in new-build flats, where changing building regulations have intensified the issue, but also across other tenures and property types, including specialist assisted housing with communal areas.

Figure 4: Automatic door opener, push-pad style (source: Chatham172/Shutterstock.com)

This means that fire doors can undermine accessibility even in homes explicitly designed for disabled residents, effectively disadvantaging them in their own living environments.

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As our CPR data previously highlighted, these barriers are not only inconvenient but can also cause physical injury:

Extract from a focus group with ISPA Community Peer Researchers (CPRs):

CPR092: I showed you my bruises, didn't I?
Interviewer: Yeah.
CPR093: Your bruises?
CPR092: Aye, coming through they [fire] doors.
CPR090: Aye.
Interviewer: 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.

Yet, the solutions offered to overcome these environmental barriers may in turn be exacerbating stigma through design. Practitioners noted that residents did not always welcome large, often clunky looking automatic door openers within their home or in the entrance to their property. The push pads also must be fitted to the wall adjacent to every door leading to a potential *'sea of buttons […] in a small residential hallway'*. This is not only practically challenging (in terms of finding spaces for the buttons clear of door swings), but can also look messy and medicalised, resulting in the person rejecting the adaptation, or feeling embarrassed about their home:

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 (Occupational Therapist – P02)

In the private housing market, it can also be challenging to get private landlords and/or other homeowners in the building to agree to adaptations being made. Worries about the cost and the impact on the aesthetics of the building are barriers to change, with majority agreement typically required to take works forward in properties in multi-ownership.

In some cases, residents developed their own 'adaptation', which practitioners worried left them at greater risk should a fire occur. This is because fire doors must be closed to effectively stop the spread of the fire:

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It was all fire doors, so they all […] automatically closed, so for him, that was just so difficult, because he literally was stuck in the room […] well, actually, he had another solution […] He'd actually tied up his door to his radiator, so he'd tied the handle of the door to the radiator, but the most common one is wedges. You see people getting the wedges (Occupational Therapist – P04)

People are trying to adjust things by themselves. Not trained in adjusting, but they are trying it, taking screwdrivers to stuff. Then they are also just wedging things open. I have been in people's houses and they have got wedged fire doors. This is all known about, it is recognised (Architect – P03)

Practitioners also described how the design of these doors may heighten older and disabled peoples' risk during a fire. For example, the push pads that drive automatic doors are typically hard-wired into the building and require electricity to function. In the event of a fire that damages the building's electrics they may fail, causing that person to be trapped on the wrong side of their fire door. But these doors can also become stuck open allowing smoke and fire to spread. Additional battery back-ups (to mitigate these risks) can themselves also be a fire risk.

Adaptations to make these doors more accessible is a very technically driven process, with little space for residents' voices to be heard. The time taken to navigate the adaptations process is also very long (months if not years in many cases). Yet as one practitioner described, it was difficult to engage in meaningful consultation with their clients when they were themselves unclear on the best way forward:

It's difficult to get that level of involvement, because we don't know what the options are. If there were real, tangible options, we knew, right, you can do this, or you can do that, or you can do the other, then that consultation could get people involved in saying, well, what's your thoughts? (RSL Adaptations – P01)

To be honest with you, it's not an easy conversation to have with any tenant […] that regulation's not talking to that regulation and they've not thought about you (RSL Adaptations – P12)

Taken together, these accounts show how solutions intended to improve accessibility can themselves introduce new risks, costs, and forms of stigma. From clunky adaptations that feel medicalised, to improvised workarounds that compromise fire safety, residents are left navigating homes that remain neither fully safe nor fully accessible.

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The highly technical and protracted nature of the adaptations process compounds this problem, leaving limited space for older and disabled people's voices to shape the solutions that most affect their daily lives. These tensions between safety and accessibility were also evident in how practitioners described the hierarchy of risks they were asked to manage.

The hierarchy of fire safety, accessibility and security

Practitioners consistently mentioned the tensions between fire safety regulations, accessibility, and – though less frequently – security. These competing priorities were often described in terms of a hierarchy, illustrated in Figure 5 below.

Whilst the main tension lay between fire safety and accessibility, some practitioners also drew attention to security risks created when residents wedged open doors. This was a particular concern for main front doors opening onto car parks, gardens, or other outside spaces, where it is important that doors close fully after use.

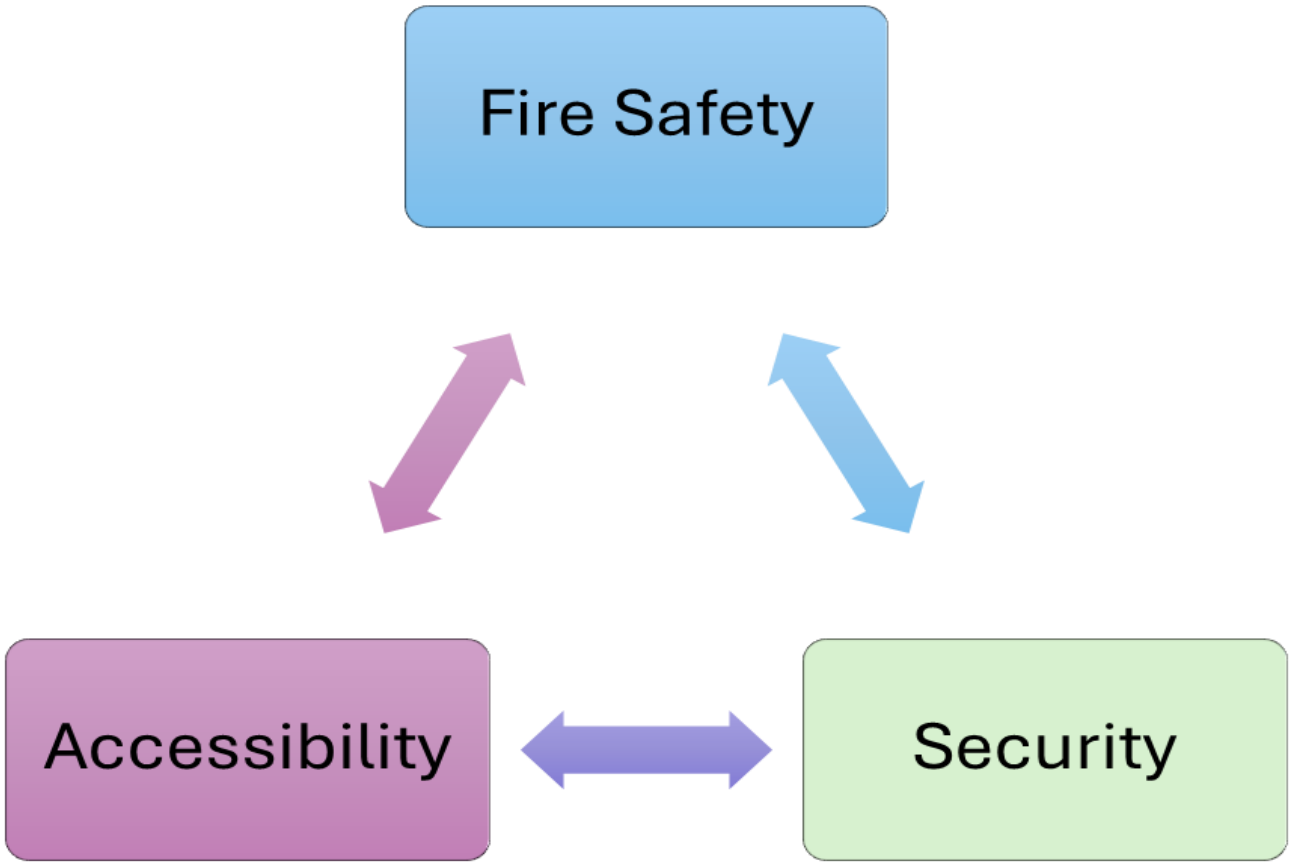

Figure 5: Hierarchy between fire safety, accessibility & security

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New build developments over a certain height (e.g. flats) may also have internal fire doors within the individual self-contained unit, in addition to entrances to closes, common areas, and the main front door. With internal doors, the automatic closers are typically sealed within the door jamb. However, as noted earlier, fire doors are heavier than a standard door. Some older and disabled people may have impairments that make opening even a standard door difficult.

Adapting these doors in a way that is compliant with fire safety regulation is not, however, straightforward. Risk assessments are typically conducted by Occupational Therapists (OTs) to inform their recommendations, with fire risk described as always being seen as the higher priority amongst competing risks. This is because when conflict arises between regulations those that ensure lives are not risked are prioritised (see also Carr *et al.,* 2017):

> *I think the phrase that has probably been bandied around most, not just internally, but you know, from consultants, from building control, from whoever it is we're speaking to, is that fire trumps accessibility. And I think that's probably a really good summation (Housing Manager – P05)*

Yet as another practitioner reflected, risk assessment processes also need to recognise the impact on peoples' quality of life and of the need for balance between 'the maximum safety' and peoples' 'rights to live a life':

> *There are different interpretations of how you balance all those competing aspects. People need to be able to move around their property, they need to be able to leave the house. These things are also important […] just as important as your fire side. At the moment it does seem like the fire safety is top trumping the other things, so it is tricky I think for organisations (Advocacy and Advice – P08)*

There was a suggestion that these tensions stemmed from a lack of consideration to accessibility at the national level when the building regulations were revisited and new guidance issued in the post-Grenfell context. As one practitioner reflected:

> *The two things are happening in different spaces; you've got the fire safety regs over here and […] I guess the accessibility stuff over here. It doesn't seem like they're talking to each other (RSL Adaptations – P12)*

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A confusing practice landscape

Practitioners repeatedly described the process of adapting fire doors as complex and confusing. Despite their best efforts to find solutions, they encountered a lack of clear, consistent advice. This left many feeling they were 'going round in circles' when trying to take forward adaptations for their tenants and clients:

> *It is a very confusing landscape […] when we are trying to get the right advice around about building standards and technical standards and what we can do to adapt these doors […] we don't want to put people at risk of the fire door rating being reduced […] this is like a brand-new scenario and people are trying to navigate it in their own professions as to what the right approach should be (Occupational Therapist – P02).*

The process of adapting the fire doors has become very technically focused and framed by inter-agency discussions about how best to modify the door without undermining its fire safety certificate. A key challenge is that fire doors are not designed to be significantly altered, and so the act of adding automatic door openers (or alternative adaptations) may be inadvertently reducing their effectiveness for fire safety. One national housing association described to us how they had been advised they now had to apply for building warrants when making any alterations to fire doors – adding significant time and cost to the adaptations process. This had not been their standard practice previously, and not something their builders or contractors had ever highlighted to them as a requirement.

The Scottish Government's (2020b) own guidance acknowledges that alterations to fire doors is a common contravention of building regulations. Whilst this experience prompted process change (within this particular housing organisation), it also underscores a wider 'knowledge gap' within the sector on fire safety. Indeed, an architect we interviewed described a real issue of limited fire-safety awareness:

> *I think there is a lack of training and education on the subject generally. Whether that needs to be almost industry wide dissemination events specifically on fire. I can't believe it is not already a thing […] they are still relying on other people to tell them these things (Architect – P03).*

Yet, front-line housing and health practitioners expressed frustration not only at a lack of clear guidance to help shape their processes and practice, but also at what felt like an unwillingness from other professionals to *'commit to talking about it and answering questions'*. This left OTs in a difficult position – often being asked to recommend an adaptation without having the specialist guidance to weigh up the different options they

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could recommend. This was often contrasted with other kinds of adaptations (like ramps) where there was clear guidance on what would be acceptable under building regulations:

> *I contacted my professional lead […] we tried to look at national policies and things like that […] we didn't really get anywhere with it other than trying to raise it as much as possible […] because with a lot of other equipment you provide as an OT […] there's clear building regulations and guidance on ramps. Clear, you know, if you're doing a temp portable ramp compared to you're doing a permanent ramp, there's clear, you know, gradients and things, whereas with this, there was never really that sort of guidance that you could go okay, well, let's follow this procedure, so you just, kind of, felt a bit out there (Occupational Therapist – P04).*

This lack of certainty is perhaps not surprising when we consider that previous research has highlighted that, *'no consensus, even amongst experts, has been reached about what the Building Regulations actually require when it comes to fire safety'* (Carr *et al.,* 2017: 19; see also Spinardi *et al.,* 2016). Research by Benson & Elsmore (2021) also speaks to limitations with the governance of fire safety in building and planning processes.

Technical challenges

The housing and health practitioners we interviewed described how automatic door openers had traditionally been seen as the go-to solution for making fire doors more accessible. However, this had recently come under scrutiny, with a shift in some local authority areas towards the use of free-swing closing devices as an alternative.

Free-swing fire doors operate like a standard weighted door and sit open at any angle until triggered by a fire-alarm to close. They can be fitted with a reset button that allows them to be reset if closed, thereby providing an exit route to avoid entrapment. Aesthetically, the closer element is less visible, which can also make it a more acceptable option for the occupant – particularly when it comes to internal fire doors within their property. If the issue is that the fire door is just too heavy to open, then this represents a useful option.

Figure 6: overhead door closer (source imang79//Shutterstock.com)

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However, there is not a one-size-fits-all solution, and in some cases an automatic door opener will be appropriate. For example, where tenants don't have the upper limb function to open a standard door, or in some of the common areas, like shared entrances or hallways:

There is no silver bullet. Everybody wants you to say to them […] this is the one that solves everything. You have got to keep on reminding them, no, it is not. You will still have issues with this […] ninety per cent of the population can do it, but there will be ten per cent that still can't […] I don't think there will ever be a perfect solution (Architect – P03).

Social landlords can, however, only progress these types of adaptations following an OT recommendation. Again, frustrations were noted from building/housing professionals that not all OTs were aware of this free-swing option, making it difficult for them to proceed:

The problem we've had in [our local authority] is that the occupational therapists that are recommending the adaptations, see auto-openers as being the gold standard, and are not authorised to recommend free-swings […] without that recommendation from an OT we can't access any funding for it […] So, we've been doing quite a lot of work with the Council, in the hope that they will understand what this product is and be able to recommend it (Housing Manager – P05).

An OT will tend to do things that they've confidence in, a particular product. And they will maybe have […] we'll say an unconscious bias to different products that they'll recommend (RSL Adaptations – P12)

These *'professional differences of opinion'* were a defining element of practitioners' experiences in trying to navigate the adaptations process. Some described additional frustration at having to spend significant sums on specialist fire safety advice that sometimes offered little practical guidance on how to resolve the technical issues they encountered:

It's starting to feel like it's a licence to print money, but there's no outcome […] I'm spending money right, left and centre, but I'm achieving nothing […] we don't have deep pockets, these landlords, anymore, and we don't know how we're going to be able to achieve all the compliance […] and stay afloat (Asset Manager – P07).

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Simultaneously, the architect interviewed described poor practice he'd witnessed from sub-contractors adapting fire doors. In this example, it delayed the handover of the building to the landlord and tenants by several months:

> *[The landlord] just unilaterally went in with another company and told them to just go ahead and fit a whole series of power doors, thinking it was in the best interests of the users because they have got mobility issues. Completely not thinking about impact on fire, the building […] They were routing in fire doors, they were gouging holes in them, fitting motors, fitting wires. I just stopped all the work […] It is a big issue in the industry […] It also showed the lack of integrity of that [sub-contracted] company themselves. They are a professional [...] and they knew what they were doing (Architect – P03).*

These accounts show how technical fixes can themselves generate new problems. Free-swing devices and automatic door openers both offer partial solutions, but their effectiveness depends on the individual circumstances of residents and their built environment, the knowledge of professionals and the willingness of landlords to invest. Disagreements between disciplines, the high cost of specialist advice, and poor practice from contractors further complicate the landscape. What emerges is not a straightforward path to accessibility, but a fragmented process that relies heavily on inter-agency collaboration – something practitioners repeatedly described as difficult to achieve in reality. This is a situation complicated even further by a lack of suitable products to meet this need for accessible, fire safety compliant doors.

Inter-agency working

The challenges of inter-agency working was a recurring theme in our interview data. It had real implications not only for the time and cost of taking forward the adaptation, but also for the resident who was stuck living in a home that didn't meet their needs until a resolution could be found. Front-line housing and health practitioners described cases that took months, and in some cases, even years to resolve:

> *There's differences in opinion. It's not that I'm apportioning blame at all here, it's just like building control we're getting different messages [and] there's different interpretation between architects and the fire service on the heights. There's differences between what OTs are recommending and then you're trying to match all of those together to then go well what is the solution? (RSL Adaptations – P01)*

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[…] the inconsistencies, you can have one [building control] officer saying, yeah, I'm going to go with that, and somebody else, going, not on your nelly, it's not happening (RSL Adaptations – P12)

A particular source of frustration was the inconsistent interpretation of building regulations on fire safety, both within and between local authorities. Even staff working inside local authorities described difficulties in engaging colleagues from other departments, and in getting them to appreciate the situations residents were forced to live with while waiting for pragmatic and compliant solutions.

Those in advocacy and advice roles also highlighted landlords' reluctance to approve adaptations, with some preferring to move tenants rather than undertake the works. Engaging private landlords was described as especially challenging, even where funding was available. Together, these barriers in joint working compounded practitioners' frustration and prolonged a process that already left many residents living in unsuitable and inaccessible homes.

Budget pressures

The funding context for adaptations in Scotland is already difficult (McCall *et al*., 2025a). Fire doors add particular pressure because technical difficulties often mean the entire door, and sometimes the full door-set, must be replaced to maintain fire certification. Good practice guidance also recommends hard-wiring these doors into the building, further increasing costs.

Automatic door openers bring additional expense. They are prone to breakdowns, often because users pull the door open before the mechanism has completed its cycle, causing damage. These systems also require ongoing maintenance, component replacement, and reactive repairs, making them significantly more costly than standard fire doors. These ongoing costs typically fall to the landlords/building owners to meet and are beyond the scope of adaptations funding. They can cause tensions with neighbours in multi-occupied buildings, who may oppose paying into a sinking fund for adaptations that may not be necessary for all residents of the building.

This uncertain and technically complex practice landscape makes accurate cost forecasting extremely difficult. When professionals themselves are unclear on which solutions will be technically feasible or approved by building control, it is almost impossible to plan budgets with confidence:

> *So, I think it was seven automatic door openers per flat […] And the communal doors in the block. So, because of all the internal doors, I was concerned about the cost, obviously, because of budget […] Our budget for Glasgow wouldn't have covered one flat […] I don't actually know what the solution is going to be, and then when we do know the solution, what it's actually going to cost (RSL Adaptations – P01)*

In addition to the adaptations themselves, costs also arise from the need for specialist advice and the requirement to navigate the building warrants process. When so much of a landlord's budget is consumed by making fire doors accessible, fewer resources remain for other essential adaptations. One interviewee noted that the cost of these works could far exceed the rental yield from the property, while another warned that such expenses may deter providers from offering specialist or adapted housing in the future.

There is therefore a real risk that decisions around fire door adaptations become driven by cost rather than need. Similar concerns have been raised in the English context, where Carr et al. (2017: 20) highlighted that social landlords often lack the *'resources'* or '*experience'* to conduct fire risk assessments adequately, suggesting that greater involvement of fire authorities in multi-occupancy residential buildings could provide both welcome expertise and independence.

Additionally, OTs drew attention to *'silo thinking'* amongst some local authority colleagues, who were sometimes unwilling to think beyond their own service's budget. This meant delivering person-centred services, and potential long-term savings for the council's budget, came second to short-term thinking:

> *[Housing] create so many difficulties for us by doing things that are really contrary to disability adaptations and good practice […] They're thinking about their own budget, they're not thinking about the knock-on impact for the people or for their own service or for the council's budgets overall (Occupational Therapist – P11)*

Across housing and health, many participants described how inclusive design was critical to avoiding the cost of (and need for) adaptations in their housing stock. They were passionate about good design as a form of preventative spend.

Changes to practice

Practitioners' experiences prompted internal reflection and practice change within (their) organisations. It also encouraged positive suggestions about how practice might evolve further in the future. Four key themes emerged from our interviews:

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1. **Changes to allocations practices**: social housing practitioners noted they were now more considered in how they described accessible properties to potential applicants to improve awareness of potential barriers (e.g. being wheelchair accessible). They noted such properties may have longer void times because of this. However, it was acknowledged that applicants needed time to make a fully informed choice whether the property met their needs, and to consider the potential timescales involved in making any required adaptations. This was echoed by those working in advocacy and advice who noted that despite the challenges with doors, new-build developments typically still offered more positive accessibility features than older properties. Moreover, they reinforced that this matching of the person to the property was crucial – a finding also reiterated by previous research from the University of Stirling (Anderson *et al.,* 2019).
2. **Changes to design processes**: a large national housing association noted they were moving towards designing new-build developments with free-swing door closers where feasible. But they were also reconsidering the best place to have wheelchair accessible properties within their developments (previously they had been stacked one above the other in flats on each level). The practitioners we interviewed were all passionate about inclusive design and wanted to embed the learning from their experiences into improving organisational practice going forward. As one housing professional described: *'I always describe inclusive design as just being good design, and that it's essential for some people, but beneficial to most people. So, you've got a wider door, essential for somebody using a wheelchair, but beneficial for me walking through my laundry basket and I don't wrap my knuckles'*. Others described wanting residents to be comfortable and safe in their homes and noted how good design could avoid the need for costly and disruptive adaptations at later stages.
3. **Links between fire safety, housing and health:** on the construction side it was suggested that having a dedicated fire safety person on site might help address issues at the build stage, thereby avoiding the need for retrospective adaptations. At present, queries fell to architects who were not on site daily. Health professionals also suggested stronger links be forged between housing, health and the fire service to offer community-based fire advice that also recognised peoples' accessibility needs in a more holistic way. These examples underline the need for stronger, improved inter-agency working.
4. **Greater empathy:** those working in advocacy and advice reflected that more empathy from some customer-facing housing professionals might also improve the adaptations process. For example, greater awareness of what the tenant's *'journey has been'* and a better understanding of the stigma of disability. They did note, however, responses were variable across landlords, with some being more open to engaging and working with their clients than others. This uneven practice means however that some tenants and residents are not having positive experiences. This links us back to the value of person-centred services and reflective practice, and wider debates on the risk of focusing on improving professional standards through

qualifications and training alone (McCall *et al*., 2025b). Values and empathy are also critical elements of professional practice.

Working towards a resolution?

When asked about the support required to provide accessible fire doors to their clients/tenants, our practitioners articulated three key needs:

1. **Training**: there is an urgent need to share learning on adapting fire doors, both within and across traditional professional boundaries. A key issue identified is for landlords to understand that building warrants are required for these kinds of adaptations. But there also needs to be wider learning on fire safety embedded at all levels across different types of organisations. This could be achieved through professional qualifications, CPD and/or in-house training. This training should also include the equalities/accessibility implications of fire safety measures like fire doors.
2. **Collaboration**: fire safety relies on several disciplinary domains but there is limited scope for effective collaboration. Improved cross-disciplinary working to understand the challenges faced by the different professionals working in this space would be welcome. Trade bodies could play a key role in facilitating this, alongside health and social care partnerships. Future amendments to building regulations might also have a stronger focus on the equality impacts to ensure that accessibility is fully considered. This collaboration might also be extended to learning from practice elsewhere in the UK. In England there is a movement away from internal fire doors (within the self-contained flat) because of the known issues with compliance (e.g. doors not being closed shut) (see, Home Office, 2011).
3. **Clearer strategic guidance**: at the national level there is an urgent need for clear, accessible and comprehensive guidance to help inform the practice of those working in the adaptations of fire doors. This requires gathering the different professions around the table so all relevant agencies have scope to feed into this process and producing documentation that all professions can engage with. At present, housing and health practitioners are having to navigate an uncertain landscape, with organisations spending considerable staff time and financial resources on obtaining separate fire safety and technical advice. This is not the best use of landlords' or local authorities' scarce resources. As one Occupational Therapist reflected this: '*is a national issue and so I feel it should be tackled nationally. It is a [building] standards issue that has put people at risk.*' We also concur with Carr *et al.'s* (2017: 24) previous conclusion that building standards should *'deal with the interface between the various types of building requirements'* – and this should also include accessibility.

The value of these three elements being taken forward in tandem by the Scottish Government to provide a clear road map for practice is eloquently summarised in the quote below. This is without doubt a pressing national issue that requires urgent action to avoid tenants becoming trapped in their own homes. While fire safety measures are designed to

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keep people safe, they can inadvertently have the opposite effect for some older and disabled people:

> *[…] training frontline professionals is giving them a map for a maze. Whereas, if you're going to actually deal with the people in charge of these regulations […] you're straightening the road, you're just cutting a path straight through the maze, you don't need to go around about all the houses, and get worried about taking a wrong turn, and stuff. It's just a clear, straight road in front of you (Housing Manager – P05)*

This call for clarity and leadership reinforces the central message of this report: safety and accessibility must be addressed together rather than set in opposition. Without a coordinated national response, older and disabled people will continue to face the unacceptable reality of being trapped by safety.

Conclusions

This case study has shown how measures intended to improve fire safety can, in practice, trap older and disabled people in their own homes. Heavy, self-closing doors create barriers to daily living, while technical fixes such as automatic openers or free-swing devices bring new risks, costs, and forms of stigma. Practitioners are left navigating a fragmented and confusing system, where fire is consistently prioritised over accessibility, and where residents' voices are often marginalised.

To move forward, our findings suggest five practical recommendations for action. First, there is an urgent need for a multi-agency space at national level where housing, health, fire safety, and design professionals can work together to resolve strategic issues and provide consistent guidance. Second, fire safety should be embedded more prominently in education and continuing professional development, reinforcing that it is everyone's responsibility. Third, practitioners highlighted the value of good practice examples and exemplars that can be shared across Scotland to demonstrate what works in adapting fire doors without compromising safety. Fourth, the creation of shared services or advice hubs would provide more consistent technical guidance and reduce the duplication of costly specialist advice. Finally, and most importantly, residents must be involved at the earliest stage of design and decision-making. The Grenfell disaster has already shown the consequences of failing to listen to tenants' voices, and lessons must be learned from this.

Fire safety and accessibility must go hand in hand. Ensuring that safety does not come at the expense of accessibility is vital if older and disabled people are to live well in their homes. The solutions are not purely technical, but lie in a more collaborative, empathetic, and user-centred approach to housing design and building standards. No one should be trapped by safety.

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Intersectional Stigma of Place-Based Ageing (ISPA) Project

The ISPA project is an ambitious 5-year participatory mixed method study that explores and understands how the stigma attached to where people live can intersect with experiences of disability and ageing. The project provides nuanced insights into the structures and systems that drive exclusion and allow us to tackle the inequalities experienced by older disabled adults. Do visit https://www.youtube.com/@ispaproject for an audio and visual overview.

We aim to develop interventions related to home and environmental modifications that encourage interventions for inclusive approaches within housing, health and social care delivery. This in turn supports people to age well within homes and communities across England, Scotland, and Wales. The project is funded by the Economic and Social Research Council (Ref: ES/W012677/1) and runs from September 2022 to September 2027.

The Intersectional Stigma of Place-Based Ageing (ISPA) Project is a collaboration between the University of Stirling and the University of St Andrews, Newcastle University and University of Bristol.

We are also partnered with the Housing Learning and Improvement Network (Housing LIN) and Scottish Federation of Housing Associations (SFHA).

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