

Chapter 7 (In 'Disabled People in Britain and Discrimination : A case for anti-discrimination legislation', Colin Barnes (1991))

The Housing, Transport and Built Environment

Independent living for disabled people necessitates a physical environment which does not disable them. But because they have traditionally been excluded from the mainstream economic and social life of the community, a physical environment has been created which does precisely that. As a result 'ordinary' or mainstream housing, transport systems and public amenities and buildings are often out of bounds to disabled people. Indeed, it might be argued that institutional discrimination against disabled people is never more obvious than in this particular context. This chapter examines the discriminatory process in housing, transport and the built environment.

Housing

'Every individual has the right to live in an ordinary house in an ordinary street' (DCDP, 1986). In modern Britain this right is not extended to a large number of disabled people, simply because the overwhelming majority of British houses are built without consideration of their needs. 'Ordinary' or mainstream dwellings in both the public and the private sectors are designed explicitly for non-disabled people, in particular those who are 'male, fit and aged between 18 and 40' (Rowe, 1990). The housing needs of disabled people are rarely considered within the general area of housing provision and when they are it is usually within the 'ghetto' (Rowe, 1990) of so-called 'special needs housing' (Morris, 1990).

Although disabled people are 14 per cent of the adult population, only a tiny proportion of the general housing stock is accessible. It has recently been suggested that the total number of accessible dwellings in public and private hands currently stands at a mere 80,000 (Rowe, 1990, p. 4). Additionally, the demand for accessible housing is likely to increase dramatically in the near future because of the ageing population and the Government's stated commitment to community rather than residential 'care' for disabled and elderly people. A recent report edited by the Conservative MP Andrew Rowe concluded that 'there is no chance of the being able to keep as many of its ageing population in their own homes as the Government intends unless much more of the housing stock is physically capable of sheltering them' (Rowe, 1990, p.7).

'Special needs housing' usually means small clusters of accessible homes set within mainstream housing estates where disabled people are cut off from their families, their friends and the able-bodied community as a whole. Besides having a

potentially negative impact upon disabled people's ability to find employment (see Chapter 4), if only because the availability of this type of provision is so limited throughout the country, this policy also means that disabled people's opportunities for social interaction with non-disabled people are 'cruelly diminished', not only because their homes set them apart from the rest of the community but also because the houses of non-disabled people need to be visitable if a 'normal' social life is to be maintained. If the only homes which disabled people can enter are their own, then any socialising with non-disabled neighbours will have to be conducted there. Hence, the additional costs of entertaining neighbours will fall on 'those who are least able to bear them' (Rowe, 1990, p.4).

In response to the growing dissatisfaction among disabled people regarding current housing policy, the British Council of Organizations of Disabled People (BCODP) held a national conference in July 1987. The delegates made a number of important practical recommendations for improvement, which, taken together, amount to a comprehensive national housing policy which would in time make all houses accessible to disabled people (see BCODP, 1987a). Similar recommendations were endorsed at a symposium in November 1990 on housing and independent living organised by BCODP and the housing charity Shelter which attracted 200 representatives from disability allied housing groups up and down the country (Laurie, 1991).

However, these recommendations have been ignored. There are no Government directives to house builders to build more accessible homes, nor have housing policies been proposed which encourage public and private landlords to convert existing stock. Moreover, as the following sections show, the recent changes in housing policy make the likelihood of this happening in the foreseeable future seem more remote than ever.

The Role of Local Authorities. Successive studies show that disabled people rely far more on the public sector for their housing needs than the population as a whole (see for example Martin and White, 1988; Morris, 1988, 1990). The latest estimates suggest that approximately half of disabled households remain in the public rented sector, whereas the proportion for the population as a whole is a quarter (Morris, 1990). Two factors are mainly responsible for this. First, the poverty resulting from impairment (see Chapter 5) means that disabled people are less able to gain access to the private sector. Secondly, local authorities are the main providers of accessible housing (Morris, 1988, 1990).

Since the early 1970s local authorities have had a statutory obligation to accommodate the housing needs of disabled people when formulating housing policy. The 1970 Chronically Sick and Disabled Persons (CSDP) Act required local housing authorities to have regard to the special needs of 'chronically sick or

disabled people' (Oliver, 1983). Hitherto local authorities have defined disabled people's housing needs by a medical need. Thus, rather than recognising disabled people's housing needs with a points system, either via a general waiting list or the transfer list, disabled people have to undergo a medical assessment. No other category of people seeking access to, or movement within, council housing is presented with this hurdle (Morris, 1991).

In 1974 the Department of the Environment (DoE) issued guidelines for purpose-built housing for disabled people which distinguished between 'wheelchair' and 'mobility' standard housing. The former are houses adapted throughout for wheelchair-users. Mobility housing consists of dwellings designed with certain features which adapt them fully for all but wheelchair-users, but they are accessible to them. Additionally, mobility houses can be easily adapted further if need be (see Morris, 1990).

A recent report by the housing charity Shelter has exploded the myth that housing associations have been more responsive to the housing needs of disabled people than local authorities. This is mainly because local authorities' housing programmes have been far larger than those of housing associations. Moreover, although housing associations expanded their operations during the 1980s, until fairly recently they have built fewer wheelchair and mobility homes not only as a percentage of their total housing stock but in absolute numbers (Morris, 1989). Also, while local councils have increased their total percentage of accessible houses in relation to their non-accessible housing stock, they are now building fewer because their housing programmes have been drastically cut by central Government. However, as Table 7.1 shows, local councils remain the main source of wheelchair and mobility accommodation.

It should also be remembered that much of the present accessible accommodation within the public sector is not compatible with disabled people's housing needs. Levels of provision vary greatly up and down the country, with marked differences in regional rates for both purpose-built housing and adaptations (Borsay, 1986). Also, due mainly to mistaken assumptions about households with a disabled member, there is an under-representation of two-, three- and four-bedroom properties. Apart from disabled people being as likely as non-disabled people to have families, many single disabled people need to accommodate a personal assistant in their home.

This is rarely considered when their housing needs are being assessed. A report on the housing needs of disabled people in Hammersmith and Fulham showed a significant discrepancy between the supply of and the demand for multi-bed roomed accessible homes (Robinson, 1987). This is likely to be repeated throughout the country (Morris, 1988). Also, given the reduction in the amount of

money which the Government will allow local authorities to invest in new housing stock, this situation is unlikely to change in the foreseeable future (Robinson, 1987).

Table 7.1.

Provision of Wheelchair/Mobility and Mainstream Housing Compared, 1984-9

HOUSING ASSOCIATIONS					
	Mainstream housing	Wheelchair homes	% of total completions	Mobility homes	% of total completions
1984	13,538	92	0.6	112	0.8
1985	10,464	39	0.3	176	1.6
1986	9,883	65	0.6	190	1.9
1987	10,411	63	0.6	117	1.1
1988	9,958	44	0.4	106	1.0
1989	9,187	71	0.7	221	2.4
Total	53,451	374	0.6	922	1.7
LOCAL AUTHORITIES AND NEW TOWNS					
	Mainstream housing	Wheelchair homes	% of total completions	Mobility homes	% of total completions
1984	28,899	338	1.1	2,134	7.3
1985	22,935	250	1.0	1,593	6.9
1986	18,574	264	1.4	1,315	7.0
1987	16,000	197	1.2	1,061	6.6
1988	15,875	307	1.9	823	5.1
1989	12,931	110	0.8	884	6.8
Total	115,214	1,466	1.2	7,810	6.7

Note: there is no record of wheelchair/mobility homes being built by the private sector.

Source: Adapted from Tables 1.2 and 1.6 in DoE, 1987, pp. 2 and 12, and Table 1.2 and 1.5 in DoE, 1990, pp. 2 and 12.

However, this gap between supply and demand in the public sector is not surprising since up to now few local authorities have displayed any serious concern about

meeting the housing needs of disabled people. This was illustrated by the Shelter report *Our Home: Our Rights* (Morris, 1990) which examined the housing policies of a representative sample of twenty-one local authorities in England and Wales. It concluded that with few exceptions these authorities had very little data on the housing needs of disabled people within their areas. Most were unable even to provide adequate information on the numbers of disabled people living in institutions. Housing departments appeared to have little knowledge of 'either the demand which existed for housing among disabled people, or of what, if any, appropriate provision existed' (Morris, 1990, p. 23).

The survey showed that few authorities had a coherent policy for meeting the housing and housing-related needs of disabled people. Local authority housing departments generally failed to incorporate them into their policy initiatives or into the day-to-day running of their departments. Moreover, there was little evidence that the housing needs of disabled people had been considered when local authorities were setting up joint ventures of various kinds with either the private sector or housing associations (Morris, 1990).

Recent developments are unlikely to change this unsatisfactory situation. The White Paper *Caring for People* maintains that housing is crucial in the Government's community care programme. Under the new proposals local authorities have a clearly-defined duty to assess the housing requirements of disabled people individually in conjunction with their other needs. So that disabled people can remain in the community they are to be helped to make their homes 'places where it is possible to provide the care they need'. This is to be achieved through the new means-tested adaptation grant system (discussed below) which came into force with the 1989 Local Government and Housing Act (HMSO, 1989b). The White Paper also suggests that people who are 'more severely disabled' might be 'helped' by a move into some form of specialised accommodation such as 'purpose-designed housing for people in wheelchairs, or core and cluster developments for people with mental handicaps' (HMSO, 1989b). In addition, local authorities' social service departments are urged to work closely with housing authorities, housing associations and all other types of housing providers in the development of 'a full and flexible housing policy' (HMSO, 1989b, p.25).

This has serious implications for the future expansion of the supply of accessible homes. Because adapting a disabled individual's house does not signal a radical shift in housing policy, housing ghettos for disabled people are clearly central to the community care programme, and hitherto non-statutory bodies have proved extremely reluctant to provide suitable homes for disabled people.

Adapting Inaccessible Properties for Use by Disabled People. Because of the lack of accessible dwellings, the adaptation of existing homes in both the public and the

private sectors is an increasingly common way of meeting the housing needs of disabled people. The OPCS surveys, for example, found that 24 per cent of all disabled adults had some adaptation to their homes (Martin, White and Meltzer, 1989). However, although such an ad hoc solution to the problem of inaccessible houses is not cost-effective (the cost of building accessible homes is about a third of that of adapting non-accessible ones [Yates, 1990]), it also does not address the central issue of discrimination in housing, but merely perpetuates it. This is because if the only dwellings which are adapted for use by disabled people are their own, then they represent little more than private prisons.

Moreover, there is substantial evidence that the current system of adapting inaccessible houses for disabled people is grossly inadequate. The OPCS surveys reported that for 35 per cent of all disabled people with 'locomotor' impairments and 42 per cent of those with personal assistance needs, their homes required adaptations (Martin, White and Meltzer, 1989). A national sample of 934 disabled young people living with their parents found that more than a quarter needed further housing adaptations (Hirst, 1982). A study of 111 families with a disabled member aged between 18 and 25 found that the housing of 56 per cent had been adapted in some way, but that only 9.5 per cent of those adaptations were judged satisfactory (Thomas et al., 1989).

The present system of improvement grants is unsatisfactory for a variety of reasons. First, research shows that there are wide variations in local authority practice. For example, of the twenty-one local authorities which contributed to the Shelter survey mentioned above, only three had a specific policy on adaptations for homes occupied by disabled people. Although some authorities made budgetary provision for adaptations, this money was treated as revenue expenditure, when in fact it can be treated as capital expenditure, thus making more money available (Morris, 1990).

Such variation is mainly because official directives concerning grant allocation are unnecessarily complex and allow for considerable discretion locally. The 1970 CSDP Act gave local authorities powers to assist disabled people to carry out housing modifications, and the 1974 Housing Act made 'disability' one of the grounds on which 'house improvement' or 'intermediate' grants could be made. Both could be used to make dwellings more accessible. Initially these grants were confined to private sector homes, but in 1978 housing departments were asked to extend them to pay for the structural renovation of their disabled tenants' homes (Beardshaw, 1988). Subsequently, most local authorities increased their expenditure on improvement grants until 1984, but spending thereafter declined (Morris, 1990). The Shelter survey found that in most areas the number of adaptations being funded was very small. In 1987/8 one local authority made only

one grant to a disabled owner-occupier, but in another, with a private sector half the size, ninety-one were awarded (Morris, 1990).

The system also allows for different interpretations of what are regarded as 'essential', 'necessary' or 'appropriate' adaptations. There are no definite guide-lines as to what is appropriate, and it may be argued that it is difficult to separate work that is needed to make a home more accessible from work that is necessary for general improvements (Morris, 1988). The problem is made worse because the procedure for grant allocation is long-drawn-out and bureaucratic, and involves a number of professional 'experts' from a variety of local authority departments including social workers, occupational therapists and housing officers - many of whom have little understanding of the requirements of disabled people. Additionally, problems of co-ordination and planning between local government departments often follow (Beardshaw, 1988; Morris, 1990).

Many households with a disabled person find that sufficient funding will only be made available to make specific areas of their home accessible. It is not uncommon for house adaptations to be limited to the ground floor (see Barnes, 1990; Morris 1990). This means that disabled people often cannot achieve optimum independence even within their own homes. In the London and Wycombe survey of 111 families of young disabled adults, for example, 38 per cent of those who had had adaptations made to their home felt that further modifications were necessary to make them more suitable for their disabled members (Thomas et al., 1989). Other surveys of adapted accommodation suggest that this is not uncommon (Borsay, 1986).

Given this situation it is hardly surprising that disputes often occur between disabled households and the representatives of local authorities over what adaptations are appropriate. Sometimes disabled people or their relatives have threatened local authorities with adverse publicity before funding for suitable adaptations was forthcoming (Barnes, 1990; Oliver et al., 1988). Another major problem which disabled households have to face when making adaptations to their homes is the length of time it takes to get the work completed. The process is a long-drawn out affair because applications have to be made and subsequently processed, housing needs are then assessed, plans are drawn up, planning permission is sought, and so on. In the London and Wycombe study delays of up to two years for the fitting of essential items such as grab-rails or a ramp to replace steps were common. Overall, 27 per cent of the sample experienced hold-ups in the supply and fixing of house adaptations (Thomas et al., 1989). Moreover, delays and complications for more elaborate work such as house extension can take as long as five years from start to finish (Glendinning, 1986; Thomas et al., 1989). These delays are not just inconvenient, but can cause great emotional upheaval and distress within the disabled household due to overcrowding, lack of privacy and

generally unsuitable conditions making the disabled person more dependent (Oliver et al., 1988).

The implementation of the 1989 Local Government and Housing Act will not change this situation. The guide-lines for the implementation of the new system are characteristically vague and leave much to the discretion of local officials. Local authority social service departments will play a 'key role' in the assessment of disabled people's housing needs in conjunction with housing departments and 'other relevant agencies', and housing departments will be responsible for the administration of the system through all stages, from initiation to post completion. The final decision as to whether the adaptations are 'necessary and appropriate' rests with the housing department. Moreover, there is nothing in the new proposals that gives disabled people the right to have their whole house adapted to suit their needs.

Finally, many disabled people have hitherto incurred considerable economic hardship in order to make their homes accessible, and this will not change under the new system. Until the introduction of the 1989 Local Authority and Housing Act in 1990, improvement grants only covered 90 per cent of the amount required for modifications. Disabled people had to find the rest themselves. This could amount to a sizeable sum of money, particularly for households on low incomes. For example, it has been estimated that to make an average three-bedroomed mid-terrace house with front and rear access costing around £44,000 at 1990 prices, accessible for disabled people would cost £24,000 (Yates, 1990). Thus a family wishing to adapt such a house needed to find £2,400 – a difficult prospect given the financial circumstances of most disabled people (see Chapter 5). Moreover, the 90 per cent grant was available only in cases of financial hardship, otherwise people would receive 75 per cent and therefore their contribution had to be even higher (Morris, 1991).

However, under the 1989 Act disabled people wishing to adapt their homes may now qualify for a 100 per cent grant, but eligibility is determined by economic means-testing. Consequently, households with a disabled person will have to contribute any disposable income or savings which they might have in order to adapt their homes. It is also unlikely that the full extent of impairment-related expenditure will 'be taken into account when economic resources are being assessed for improvement grants. The Government also supports local 'care and repair' and 'staying-put schemes' run by statutory or voluntary bodies, which advise disabled and elderly people on how to use the 'capital tied up in their property' to finance 'repairs and adaptations' (HMSO, 1989b, p. 25). Hence any capital gains which disabled households may accumulate through buying their homes will be lost. In short, disabled people have to use up any surplus economic resources which

they may possess to make inaccessible housing accessible - something that able-bodied people never have to do.

Owner-Occupation and Disabled People. The problem of non-accessible housing has been made considerably worse by the 'Right to Buy' policies of the 1980s, notably the 1980, 1985, and 1986 Housing Acts, and the widespread sale by local authorities of the 'better-quality stock', especially houses with gardens (Morris, 1988). Flats now constitute a bigger proportion of local authority-owned properties. This has particular implications for disabled people because the houses which were sold off are those with the greatest potential for modification. The council houses which are left are the least suitable (Morris 1988). Moreover, since local authority spending on building new homes and refurbishing old ones has markedly declined, adaptation of the existing stock is now the main source of accessible housing for disabled people (Morris, 1988).

Yet even the adaptation of non-accessible homes is also threatened by the sale of council houses. Throughout Britain it has become very difficult for disabled people to be transferred to council houses which can be readily adapted because they are mainly no longer in the public sector. Most of the houses sold under the Right to Buy scheme have gardens, and are thus the easiest to adapt and the most desirable. This situation will be made much worse if Government plans to sell off public-sector housing to private landlords are carried through (Morris, 1988; Ounsted, 1989; RADAR, 1987). The future prospects for both access into and transfer within council housing for disabled people are therefore uncertain. This can be demonstrated by the longer time that disabled people are registered on council, house waiting and transfer lists (Morris, 1988-1990).

Moreover, until the implementation of the 1988 Housing Act the policy of encouraging council tenants to buy their houses was not extended to disabled people living in accessible or adapted dwellings. The reason for this was that there is so little suitably adapted housing that it was felt that losing such stock from the rented sector through the Right to Buy scheme could not be justified. Although this policy was highly discriminatory, compounding the inequity between disabled and non-disabled council-house tenants, 'many people still hold this view' (Ounsted, 1989, p. 17).

However, tenants of charitable housing associations were not given the right to buy when it was extended to council tenants. A system of transferable discounts was set up instead. These gave people who 'were not allowed to buy their homes because their landlord was a charity the opportunity to obtain a sum of money in the form of a discount which would enable them to buy a house on the open market. This scheme did not include occupants of specially designed or adapted housing, and has been described as bereft of 'sense and fairness'. Subsequently, pressure was put

on Government by a variety of organisations to include tenants of specially adapted homes within the provisions of the transferable discount scheme, and it was scrapped. It has not been replaced, and if a new scheme is introduced it is hoped that 'disabled people are given the same rights and opportunities as their able-bodied neighbours' (Ounsted, 1989, p. 18).

With the growth in owner-occupation, which now accounts for 63 per cent of all households, access to suitable housing is increasingly determined by the ability to pay. This has particular significance for disabled people who are either attempting to break into the owner-occupation market, or move within it. They suffer disadvantage in two ways: first, due to their lack of economic resources (see Chapter 5), it is still virtually impossible for them to get a mortgage without a secure income, and secondly, it is difficult to find accessible homes because both current and past housebuilders and developers have not built to a 'broader average' (Morris, 1990). Poor housing is also correlated with age, and many disabled people are above retirement age. In any measurement of housing deprivation -access to all parts of the house, level access to the street, adequate heating etc. - many disabled home-owners would be seen to score badly. (Morris, 1991).

Most of the existing housing stock in the private sector is unsuitable for many disabled people. Not one major British private house-builder has adopted the minimum standards for accessible housing, namely mobility standards, and thus the stock of inaccessible housing continues to grow. Further, the tendency for many builders to construct low-cost first-time-buyer homes in which space standards are reduced has made this situation much worse. Moreover, 'other than some private sector sheltered schemes, there is no record of housing being built to wheelchair or mobility standard in the private sector' (Morris, 1990, p. 12).

Housing Associations. Although housing associations have a relatively poor record for providing accessible homes (Morris, 1988, 1990), they form a major part of the Government's proposals to create a new 'independent rented sector'. This has a number of serious implications for disabled people. First, evidence from the National Federation of Housing Associations on the new mixed funding system for housing associations shows that space standards are lower on these schemes than on other housing association developments (Ounsted, 1989). This marks a decisive shift away from designing for a 'broader average' (Morris, 1990).

Secondly, the private finance schemes which have been set up to fund housing associations' building programmes following the 1988 Housing Act threaten the very existence of the smaller housing associations which have hitherto provided accessible dwellings. Under the new system housing associations have to secure a larger proportion of their funding from the private investor in order to finance their operations. Since it is more expensive to build housing to wheelchair or mobility

standards (Ounsted, 1989), those associations which do so will find it increasingly difficult to secure private finance. At the same time, the larger 'general needs housing associations' which soak up most of the private sector funding are ignoring the housing needs of disabled people (Morris, 1988; Ounsted, 1989).

Thirdly, under the new system housing associations are able to set their rents to take their capital costs into account (Ounsted, 1989). Hence, housing association rents will almost certainly rise accordingly. This will reduce housing opportunities for low-income households, particularly those with disabled members; as we have seen earlier, these are generally in the lowest income groups. If disabled or non-disabled family members are in employment, then they may be eligible for only partial housing benefit or none at all. Consequently, paying bigger rents which cover higher capital costs may simply not be feasible. Also, where existing tenants are unemployed and receiving housing benefit the increased rent will serve as an added incentive for them not to find a job since employment would almost certainly put this allowance at risk. The housing associations themselves have expressed concern that their function will be to accommodate people who can afford the new rent levels rather than those who cannot (Morris, 1988; Ounsted 1989).

Fourthly, there is a wide variation nationally in the coverage by housing associations. In some localities there are several housing associations operating, while in others there are none. Moreover, given that many of these organisations do not provide suitable homes for disabled people, this means that there are gaps in housing association provision in many local authority areas (Morris, 1988).

Finally, housing associations have a poor record of providing funds for adaptations. Housing associations rarely contribute to grants for adaptations to their own properties if local authorities make funds available (Morris, 1988). However, many housing association tenants have found that their local authority will not fund adaptations on the grounds that they are the responsibility of the association. At the same time the association will say that it has no funds for grants and that tenants should apply to local authorities. Thus, the tenants fall between the two. Housing associations have very seldom funded adaptations themselves (Prescott Clarke, 1982; Morris, 1990).

The Private Rented Sector. Although the Government intends to expand the private rented sector it has a poor record of providing accessible homes for disabled people (Morris, 1988). Disabled people are also unlikely to be able to afford to rent private accommodation, since rents were deregulated with the 1988 Housing Act. Although existing tenants retain their rights, tenancies created after 15 January 1989 are not 'controlled'; they are only 'assured' and different terms apply (Ounsted, 1989). Landlords have an added incentive to harass existing tenants in order to

create new lettings at higher market rates, which many disabled people, particularly older ones, would find difficult to withstand. It is evident that the private rented sector is a particularly important housing source for single elderly women, 12.5 per cent of whom hold unfurnished tenancies. These are controlled tenancies, and the incentive for landlords to remove such tenants is high. But the 'government's promises to tighten up the law on harassment have not been delivered in the Housing Bill' (Morris, 1988, p. 12).

There is evidence that the private rented sector does not accommodate the needs of disabled people. For example, 35 per cent of private tenants in one London survey wanted to move and the situation can only get worse because of the 1988 Housing Act (Morris, 1988). The most attractive type of letting for private landlords is the new 'assured shorthold tenancies' which can last for as little as six months, and where they can renegotiate the terms of the tenancy each time the previous agreement expires. A disabled tenant whose tenancy period has expired will have far more difficulty finding suitable new accommodation than an able-bodied person. Also, shorter tenancies make it less likely that properties will be adapted to suit the needs of disabled tenants (Ounsted, 1989).

Homelessness and Disabled People. The reduction of available local authority housing during the 1980s has meant that many disabled people find it increasingly difficult to find a home. Public sector rented accommodation has been cut by half since 1979 and the growing problem of homelessness is a direct result of the cutback of homes allocated on the basis of housing need (Morris, 1988). This has had an adverse effect on disabled people along with other groups with special housing needs. Table 7.2 shows that homelessness has increased far more rapidly among these groups than in the population as a whole.

Table 7.2. Percentage Increase in Households Accepted as Homeless by Local Authorities between 1980 and 1986

Households accepted as vulnerable	London	Other metropolitan	Non-metropolitan	England
Elderly	71	43	46	53
Physical impairments	121	103	76	92
Mental illness	146	*	110	183
Other	754	283	251	383
All categories	70	48	54	57

Note: The number of people accepted as homeless because of mental illness by other metropolitan authorities declined from 330 in 1970 to 300 in 1986, in contrast to other categories where the increase has been steady. During the years in between the number fluctuated, rising at one point to 430.

Source: Adapted from Table 5 in Morris, 1988, p. 6.

It is evident from Table 7.2 that homelessness has increased much more among people with physical impairments and people with mental illness than among the general population. Although homeless disabled people appear to form a relatively small proportion of the total of people with housing need, there are many of the disabled Population without homes who do not appear in these statistics.

'Hidden homelessness' is a problem rarely discussed in official circles. It refers to the tens of thousands of disabled people unable to leave hospitals or institutions, unable to leave a parental home or trapped within an inaccessible house. Under the local authority 'Code of Guidance', what is termed 'reasonable' is open to interpretation. People in 'residential care' or whose homes are inaccessible are assumed to be reasonably housed, and therefore cannot claim a statutory right to be housed under the homeless persons legislation. Moreover, local authorities do not cater for homeless people with physical impairments because Homeless Persons Units and temporary accommodation are rarely accessible (Morris, 1988, 1990).

Transport

However well designed and equipped a disabled person's home may be, without accessible transport it can quickly become a 'prison' (DCDP, 1986). Transport systems which are not fully accessible to disabled people contribute significantly to the barriers which confront disabled people in mainstream education, employment

and social and leisure activities (Booth, 1988; Doyle, 1988; GLAD, 1986, 1988) and are thus a major factor in the discriminatory process.

The Government-sponsored Disabled Persons Transport Advisory Committee (DPTAC), set up in 1985 to provide 'informal advice and guidance' to the Department of Transport (DT) on transport and disabled people, estimated that between 10 and 12 per cent of the population as a whole are adversely affected by the 'unfriendly features of the transport environment' (DPT AC, 1989, unpagged). Moreover, transport systems earmarked 'special' are either segregated or 'inferior' to those on offer to the rest of society. They are limited in scope, poorly funded and fail to give disabled people full control over their transport needs (Findlay, 1990).

Private Cars. Although the most popular form of transport in modern Britain is the private car, households with a disabled member appear to be only about half as likely as other households to possess a vehicle of their own (DPTAC, 1989, GLAD, 1986). There is a number of reasons for this. Cars are expensive to buy and run and motoring can be more costly for disabled people. Most cars are manufactured for the mass market, i.e. the able-bodied market, and are therefore inaccessible to many disabled motorists without appropriate adaptation. To have a car adapted inevitably costs money, and the more extensive the adaptations the more costly it is. This added expense is not limited to the initial purchase price for the vehicle but may also include running costs, maintenance and repair, and resale value. In addition disabled people are often forced to buy the more expensive cars for the features they have as standard, such as electric windows and electric rear-view mirrors, cruise control and automatic gearboxes. They also need to carry expensive mobile communications systems in case of breakdown. Many disabled people cannot afford this expenditure (Massie, 1988).

Additionally, disabled motorists often find that they have to pay more for vehicle insurance. Indeed, a recent survey found that some insurance companies are 'very reluctant to insure disabled drivers at all, most quote at increased premiums and very few insure on the same basis as able-bodied drivers' (Same Difference, 1989a, p. 1). Non-specialist companies often demand medical information about a disabled applicant's impairment before quoting. Some companies will then offer the same premium as they would an able-bodied applicant, but many will apply a loading, usually around 25 per cent, because the applicant is disabled (Same Difference, 1989a).

A small number of disabled people, 35,000 in all, are helped with the financial costs of motoring through the Motability scheme, but even here the extra expense can be considerable. Motability is a Government-sponsored charity which was set up in 1977 to help disabled people receiving Mobility Allowance (MA) gain access

to private cars. However, MA is often difficult to obtain and many people who experience mobility problems do not receive it (see Chapter 5).

Through the Motability scheme disabled people or their immediate relatives are able to hire a car or buy one on hire-purchase. But to hire a car applicants must first surrender their MA to Motability and make an initial payment which can range from a few hundred to several thousands of pounds depending on the type of car chosen. The hire agreement includes maintenance, Automobile Association (AA) breakdown service, a 'low-cost' insurance policy and road tax, but when the agreement expires the car must be returned and a new initial payment found (Motability, 1990).

There is also an excess mileage charge which starts at 12,000 miles. The cost per mile between 12,000 and 15,000 miles is 5 pence, for 15,000 to 20,000 miles it is 8 pence and for over 20,000 miles it is 10 pence. So, the more the car is used the more it costs to rent. In addition, the hirer must pay for any necessary adaptations to the vehicle, as well as for their removal at the end of the leasing period. The range of adaptations is also limited because major ones are difficult to remove. If applicants cannot afford the initial payments or the cost of adaptations, Motability can offer help from its 'charitable fund', but this is not guaranteed (Motability, 1990).

Mainly because of the problems of modifying vehicles, people who need extensive adaptations have little choice but to opt for the hire-purchase scheme. New and used cars can be bought over a period of up to five years, but a substantial deposit is required for both and, as with leased vehicles, Motability does not help with the cost of adaptations. Moreover, the hire-purchase agreements do not include the cost of insurance, AA membership or maintenance. In addition, used vehicles sold under the scheme are subject to an inspection by the AA, the cost of which is charged to the seller (Motability, 1990).

Finally, because Motability is a charity, access to its services is something of a lottery; certainly it is not a right. The number of people it is able to help is determined by the funds it receives from Government and other contributors. Consequently, receiving MA does not automatically imply access to its services. Moreover, some of the funds allocated by Government to Motability have been invested to ensure the charity's survival. Thus even less money is available for would-be disabled motorists. As a result some disabled people do not receive the help they need (Disability Now, 1991).

Since the use of a private car is beyond the reach of many disabled people, it follows that if they wish to travel otherwise than on foot they will be

overwhelmingly dependent on public transport - which, like mainstream housing, is constructed almost exclusively for the non-disabled traveller.

Buses. For most of the population, disabled and non-disabled, journeys tend to be comparatively short, and buses provide a convenient and inexpensive means of travel. But research shows that the great majority of buses currently in use are not accessible to many disabled people. Deregulation resulted in the proliferation of smaller buses, many of which are more inaccessible than the orthodox versions, having steeper steps at the entrance and narrower aisles. Most of these vehicles are fairly new and unlikely to be replaced for a long time. A recent report by the Research Institute for Consumer Affairs (RICA), based on information from transport operators and users in eleven areas around Britain, indicated that getting on and off buses was the biggest problem for many disabled people. This was also the most frequently given reason for not using them (Which, 1990). A survey by the Greater London Association for Disabled People (GLAD) estimates that of the 450,000 Londoners who have problems using London Transport, 63 per cent use buses with 'difficulty' or discomfort' and 20 per cent, 95,000 people, can not use them at all (GLAD, 1986).

To resolve this problem the DPT AC has recommended a maximum step height of 250 mm. (about 10 inches). Research shows that steps off the ground of more than 300 mm. (12 inches) are impossible for many people to use, but few buses on the roads have entrance and exit steps lower than this (Which, 1990). The DPTAC has also suggested that other features such as non-slip handrails, contrasting coloured edges to steps, non-slip flooring and low-level bell-pushes should be introduced (see DPT AC, 1988). But although some of the bus companies have started to modify their stock, this only accounts for a small number of buses actually on the road (Which, 1990). In London, only 500 of the 5,000 buses have these modifications, and most of these are limited to specific services known as 'Schedule X routes' (Wagstaff, 1990, p.25).

For wheelchair-users the story is even more bleak. Very few buses on main routes are accessible to Britain's half-million wheelchair users; those services that are provided usually serve limited routes with restricted timetables: e.g. the much-publicised 'Airbus' service from central London to Heathrow airport, 'Carelink' which travels between London's main railway stations, and Yorkshire's 'Easybus', which is timed to give users about two hours in local towns. Moreover, although bus stops and bus stations are generally the responsibility of local authorities, the RICA survey reported that few bus stations had facilities for disabled passengers (Which, 1990).

Although it is frequently claimed that progress is being made towards all buses being more accessible (Frye, 1990; Massie, 1988), there is no legislation to make it compulsory. The European Commission has drafted a proposal title 'Mobility

Improvement for Workers with Reduced Mobility' which would make all 'new' and 'existing' buses, trains and trams accessible to disabled people. But it is unlikely to be implemented in its present form (Frye, 1991).

A further development at the European level is the resolution adopted by Ministers of the nineteen countries of the European Conference of Ministers of Transport. This is likely to become law, but it is limited to new buses only; at the same time, orders for new buses have fallen. This, according to the transport industry, is because of increased competition and the reduction in public subsidy since deregulation, outside London, in 1987/8 (Etchell, 1990). Moreover, the date for full implementation of this directive is December 1997 (Frye, 1991). Thus, inaccessible buses will remain the norm rather than the exception for some considerable time to come.

Urban Railway Systems. The GLAD report found that of the 465,000 Londoners who had problems in using public transport, only a quarter were able to use London's Underground at all, and only 10 per cent without difficulty. Wheelchair-users are actually barred from using certain sections of the underground system by four London Regional Transport (LRT) by-laws (GLAD, 1986) 'because of difficulties of emergency evacuation'. If wheelchair-users wish to use those sections of the tube which they are not barred from, then they are advised to give LRT twenty-four hours' notice, take an able-bodied companion with them and travel off-peak (Which, 1990).

Access to information on London's Underground is also a major problem for disabled people. The RICA study shows that indistinguishable train announcements in tube stations cause difficulties for people with hearing impairments, and people with visual problems said that there are too few announcements. In addition, automatic ticket barriers and the unpredictability of the lifts and escalators for reaching the platforms caused concern (Which, 1990). Similar situations exist in other parts of the country. Although five stations on the Merseyrail underground system have lifts and others have level or ramped access, some still have only steps or escalators. The Glasgow underground railway has no lifts or ramps and does not carry wheelchair-users (Which, 1990).

Although some of the newer urban railway systems have overcome some of these difficulties, the lack of understanding on the part of planners of the problems faced by disabled passengers still creates difficulties. For example, the Tyne and Wear metro system was designed to be accessible to disabled people. All forty-four stations and platforms are wheelchair-accessible. Good lighting, white platform edges and tactile surfaces have been used, yet there are few accessible toilets. Wheelchair-users can only find space in the trains at off-peak times and the gaps

between rolling stock and platforms in some stations have caused problems (Which, 1990).

In the London Docklands Light Railway there is only one space in each of the two carriages per train for a wheelchair. This space is difficult to get into, and if it is already occupied by, for example, a baby buggy, wheelchair-users cannot then travel on the train. Also, the areas surrounding the stations are very inaccessible (Mason, 1991). The RICA study concluded that Britain's urban rail systems vary from accessible to 'no-go areas for wheelchair users'. They also presented a range of problems to other disabled travellers (Which, 1990).

Taxis. Because of the difficulties disabled people face with other forms of public transport and the built environment (see below), many use taxis. However, not all taxis are user-friendly for disabled people and they are also expensive.

London taxis first licensed since February 1989 must be able to carry a wheelchair-user. However, this will not be compulsory for all London taxis until 1 January 2000 (Which, 1990). At the time of writing only 4,000 of the capital's 16,000 cabs are able to carry someone who uses a wheelchair (Frye, 1990). Outside London local authorities are responsible for licensing taxis. Over thirty councils, mainly those in big cities, are issuing 'new' licences for London-style taxis only, but only 'some' are insisting that operators use wheelchair-accessible vehicles (Which, 1990). Because of the short-age of accessible taxis, booking or hailing one can involve something of a wait (Which, 1990).

The majority of Britain's taxi fleets are still saloon cars, and therefore access can be a problem. Sliding from a wheelchair on to the car's seat is a possibility, but only if the driver is prepared to pull in close to the kerb. Some drivers are reluctant to lift the wheelchair into the boot of the car once the transfer has been made (Mason, 1991). All cars, even two-door saloons, can be adapted to make them fully accessible to disabled people, but this is something which licensing authorities do not appear to feel is necessary because it is not compulsory (Which, 1990). People with visual impairments complain that 'For Hire' lights are not easily seen and that they are unable to read the meter displays (Which, 1990). It is also apparent that some mini-cab drivers will not carry guide-dogs (VOADL, 1990).

Compared to other forms of public transport, travelling by taxi is expensive, especially on the low incomes that most disabled people have. Some local authorities have 'Taxicard' schemes which give reductions to people who are denied access to other forms of public transport. Many of the London boroughs have such schemes, which entitle card-holders to £9 worth of taxi travel for £1.25 (1990/1 prices). This takes passengers a distance of about 8 miles, depending upon traffic conditions. Users have to pay more if they are accompanied by a companion, and

any excess is charged at the normal rate once the fare exceeds the £9 limit (see LRT, 1990). These charges are still higher than the cost of travelling by bus or tube. Finally, only a minority of areas throughout Britain have such schemes at present (Which, 1990).

Dial-a-Ride. Because of the limitations of conventional transport a 'Dial-a-Ride' service has been set up for disabled people in several areas. Dial-a-Ride represents an ad hoc solution to the transport problems of disabled people. The seeds for it were first germinated by and within London's transport-starved disabled community during the late 1970s (Booth, 1988). London now has twenty-nine separate schemes. Funding is usually limited and comes from a variety of sources including local authorities, voluntary agencies and, in London, central Government. Most of London's schemes are organised locally and run partly by the people who use them, but this participation is being eroded by London Regional Transport's (LRT) regionalisation programme (Hansard, 1990d; Nichols, 1991).

Users have to telephone or write in advance to book a journey, and are then taken from door to door -but only on journeys where health or local authority transport is otherwise not available. Often minibuses are used, fitted with lifts or ramps. Fares vary, but are usually in line with local bus fares. These services are segregative in that they carry only disabled passengers (Findlay, 1990).

In common with all 'special' or segregated transport systems, journeys have to be booked well in advance and the services are usually available only at certain hours in the day. Demand is high and therefore telephone lines can be 'constantly engaged'. The RICA research reported that users had to order their journey between one day and two weeks in advance (Which, 1990). London Transport statistics show that in 1989/90 London Dial-a-Ride users were on average only able to obtain one return journey every 10.4 weeks (Nichols, 1991). In addition, because journeys are organised to carry a number of people, precise times are not always kept to (Which, 1990).

Long-Distance Coaches. Although coaches are one of the cheapest forms of long-distance travel and therefore one of the most attractive to people with low incomes, they present many problems for disabled people. Few inter-city coaches are wheelchair-accessible and consequently many disabled travellers who wish to travel long distances are denied this option for cheaper fares (Massie, 1988, 1990). Very steep steps in vehicles present a major barrier to travellers with the slightest of mobility-related impairments. The RICA research found that the difficulty of getting on and off the coach and moving about on it, and the absence of appropriate toilets, deterred many disabled people from using coaches. National Express runs about 800 coaches throughout Britain. In 1990 only nine had a kneeling suspension which lowers the first step, plus a toilet level with the seating area. National

Express told the RICA researchers that they would have 100 such vehicles on the road in 1991 (Which, 1990). As far as is known, there are no plans to make all National Express coaches accessible.

National Express says that its staff will help wheelchair-users able to travel in an 'ordinary seat', but requests seven days' notice prior to travel (Which, 1990). Non-disabled travellers do not have to do this, so why should disabled people? The RICA study concluded that coach services 'should and could serve disabled travellers much better than they do' (Which, 1990, p.349).

The Railways. Although British Rail has been improving its services to disabled passengers, practices which discriminate against them still remain the rule rather than the exception. Travelling in the guard's van with the baggage is an all too common experience for wheelchair-users (Which, 1990).

The improvements to British Rail services are still somewhat limited, being concentrated on Inter-City services and mainline stations. This is surprising considering that most people's journeys are relatively short, and most disabled people are in the lower income brackets and, therefore, unlikely to be able to afford these services. Nonetheless, 90 per cent of all new trains now boast wide- entry doors, automatic doors on the train and grab-rails fitted as standard. Also, passengers who use wheelchairs are now able to travel alongside non-wheelchair users (Hughes, 1990). However, it would be impossible for two or more wheelchair-users to sit together should they wish to, because the new rolling stock includes only single spaces in each coach (Which, 1990).

Few Inter-City trains yet have accessible toilets (Which, 1990). Although British Rail says that the new trains will all have them, this will still be unsatisfactory. Unlike non-accessible toilets, which are provided in each carriage, there would be only one accessible toilet per train (Hughes, 1990). It is conceivable, therefore, that a disabled passenger will have to travel the full length of an Inter-City train in order to use the toilet.

The future is even more depressing for travellers on provincial services, where trains with similar facilities to those described above will not be used extensively for some years yet (Which, 1990). Moreover, on the new Sprinter trains wheelchair-users will have to travel in the 'vestibule or, in some cases, the seating area' (Hughes, 1990). On Network South East British Rail admits that it will be well into the twenty-first century before all their trains are 'modern'. 'In the meantime the guard's van looms large for people who have to travel in their wheelchair' (Which, 1990, p. 349).

Inaccessible stations are also a major problem for disabled people. There are only 130 stations which British Rail says have 'top-class access and facilities' for disabled travellers. For the remainder development is selective, with priority being given to 'low-cost facilities benefiting a large group'. These include induction loops at booking office windows for people with hearing impairments, and white markings on platforms and stairs to assist people with visual impairments (Hughes, 1990). Local stations offer the least facilities. There are hundreds of unstaffed or partly staffed stations which British Rail advises disabled people not to use. This can mean travelling further and in the wrong direction in order to get a train from a station with the necessary facilities (Which, 1990).

Finally, to avoid problems British Rail suggests that disabled people contact their area managers well in advance if they need 'special arrangements' or 'help' when travelling. This will usually mean that on arrival at the station the disabled person will be escorted like a child on to the train by a member of British Rail staff (Which, 1990). Hence, under the present system not only are disabled travellers denied the spontaneity of rail travel which can be enjoyed by non-disabled travellers, but traditional assumptions about disabled people not being able to look after themselves are emphasised and reinforced.

Air Travel. Because of the expense many disabled people will never be able to travel by air, but for those who can afford it the experience can be degrading and humiliating. Booking a flight is usually the first major problem. Travel agents frequently do not know about the levels of support and access currently available. Also, before disabled people are allowed to fly the booking agent must complete the 'International Air Transport Medical Information Form', or one similar to it. This asks for medical information about the disabled traveller's impairment. It also contains personal questions like 'Does he smell?' (Wood, 1990). These questions are often put to the disabled person in public places. It is hardly surprising that disabled people find the booking procedure embarrassing and intrusive (Same Difference, 1990).

The Association of British Travel Agents (ABT A) justifies this form by saying that the airlines need as much data as possible to provide an adequate service. But as the airlines cannot tell whether the form has been completed correctly, they also cannot assess accurately the disabled traveller's needs. Moreover, airlines do not appear to use this information because disabled travellers may be subjected to a further set of similar questions on arrival at the air terminal (Same Difference, 1990).

Most aircraft do not have suitable access for disabled travellers and it is usual for them to be carried on to the plane. Moreover, it is not uncommon for airlines to be unprepared for disabled passengers even when they have been given all the relevant

information well in advance. People who use electric wheelchairs are kept waiting to board the plane while the chairs are separated from their batteries (Same Difference, 1990).

Unlike able-bodied passengers, disabled people are not permitted to sit anywhere on the plane because safety regulations stipulate that they should not be seated where they might hold up an emergency evacuation. This means that they are seated away from emergency exits, where they will not impede the evacuation of their able-bodied fellow passengers in the event of an accident (Same Difference, 1990).

As well as accessible housing and transport, disabled people need the same degree of physical access to public amenities and buildings as non-disabled people if integrated living is to become a reality. However, a fully accessible physical environment is a rarity in modern Britain.

We have shown elsewhere that the successful integration of disabled children and students into mainstream schools, colleges and universities is severely hampered by inaccessible buildings, and institutional discrimination against disabled people's employment is compounded by a mainly inaccessible architectural infrastructure. It follows that the difficulties created for disabled people by an inaccessible environment will extend into every area of economic and social life.

Research into the experience of disability has repeatedly shown how greatly an inaccessible environment contributes to the difficulties faced by disabled people and their dependence upon others (e.g. Barnes, 1990; CORAD, 1982; Morris, 1989; Oliver et al., 1988; SJAC, 1979). One study focusing on this particular issue was conducted by the RICA for the magazine *Which* during 1989. A random sample of thirty disabled people in various parts of the country were asked to keep diaries for a typical week in their lives. They recorded what happened when they went shopping, to the bank etc. Overall, respondents completed or attempted to complete a total of 293 routine daily tasks, and encountered 300 problems of one form or another. On 30 per cent of occasions respondents were unable to 'have done what they wanted without someone else's help' and on one occasion in ten 'they had to give up' (Which, 1989, p. 498).

It should be noted that the respondents in this survey were all disabled people who were not asked to perform functions which were not usual for their particular lifestyle. It is likely, therefore, that they were each aware of the problems posed by the environment and only attempted to do things which they believed they were able to do. If they had been asked to attempt activities which were considered 'normal' for an able-bodied person it is highly probable that the number of problems encountered would have been far higher. To illustrate this point, one of the

respondents with a visual impairment reported that she had encountered difficulties in a post office - after she had telephoned in advance to tell them she was coming (Which, 1989, p.498). On the whole, able-bodied people do not expect access problems in a post office and certainly do not feel it necessary to telephone in advance to let staff know when they are coming.

Legislation, Access and the Built Environment. The 1970 CSDP Act adopted an explicitly voluntarist approach to problems of physical access. It 'requests' anyone in charge of buildings or premises to which the public are to be admitted to make adequate provision for disabled people. 'Provision' is not defined in the Act but according to the Silver Jubilee Access Committee (SJAC) it is taken to mean 'not only new constructions but also the conversion of existing ones' (SJAC, 1979, p. 3).

The 1970 Act requests that public toilets and toilets in premises open to the public meet the needs of disabled people; Section 8 of the Act applies these requirements to all universities and school buildings. The Chronically Sick and Disabled Persons (Amendment) Act 1976 extended this 'provision' to places of employment (SJAC, 1979). The access sections of the 1970 Act and the Act of 1976 only applied to England, Scotland and Wales; for Northern Ireland, provision came two years later with the introduction of the CSDP (Northern Ireland) Act 1978 (SJAC, 1979).

The initial impact of this legislation was limited, to say the least. This was because under the CSDP Acts provision needed to be made only 'so far as it is in the circumstances both practical and reasonable'. There was no definition of this phrase in the Acts and subsequent Department of Health and Social Security (DHSS) circulars did not dwell on this point (SJAC, 1979, p.4). Consequently those with the responsibility for implementing the legislation, namely local authorities, were free to interpret it almost as they pleased.

Following the findings of two Government-sponsored reports on access and the first abortive attempts to introduce anti-discrimination legislation (see Appendix), the Government decided to use the building regulations to ensure that part of the access provision outlined in the CSDP Acts was enforced. The SJAC report *Can Disabled People Go Where You Go?* (1979) showed that in general local authorities had not responded positively to the access requirements of the new legislation. Indeed, the Committee on Restrictions against Disabled People (CORAD) report of 1982 found that for many disabled people access difficulties were the 'fundamental cause and manifestation of discrimination' (CORAD, 1982, p.9). There followed a Government initiative which culminated in the inclusion of Part M in the Building Regulations in 1985 which came into force in 1987 (DoE, 1990b).

Part M stipulates that 'reasonable provision' must be made to give disabled people access to new premises to which the public are admitted, such as shops, offices, factories and schools, and to the parts of those buildings to which it is 'reasonable to provide access'. For shops and offices, access requirements apply to the whole structure, but in other cases they apply only to the floor of the premises which contains the main entrance. The Department of the Environment (DoE) has stated that the reason for limiting the range of premises in which all floors were to be made accessible was because there was no British Standard (BS) giving guidance on means of escape for disabled people (DoE, 1990b). One year after the implementation of Part M, this was resolved with the publication of 'BS5588: Part 8: Means of Escape for Disabled People' which gives appropriate instructions for this particular eventuality (BSI, 1988).

There are a number of problems with these regulations. Many new public buildings are only required to be accessible at the level of the main entrance. In hotels, for example, this might only apply to the reception area around the foyer (SIA, 1987). Buildings built before 1987 are not covered by Part M unless they have been extended or have had their use changed. Where buildings are extended, for whatever reason, or converted for a different use, the legislation only demands that access should not be made worse. Developers do not have to make existing structures more accessible. For instance, if a large extension is added to a small inaccessible building it need not be made accessible, or if an inaccessible warehouse is converted into a shop, access does not have to be improved. Moreover, Part M was only intended to improve physical access for people who have difficulties walking, but does not cover the needs of those with visual or hearing impairments or people with impairments which restrict the use of the upper limbs. Finally, Part M does not cover the seemingly ever-growing number of public buildings which have been 'listed' with the DoE because of their historical or environmental value, and which, under the present system, will never be accessible to disabled people. Similar regulations apply in Scotland and Northern Ireland, although the legislation there also applies to extensions and conversions, but they only apply to the ground floors of buildings (Which, 1989).

The Reality of Access to the Built Environment. To find out how effective Part M is in practice, the RICA study asked an architect (whether able-bodied or not is not known) to inspect a number of new buildings. It was concluded that access to them was possible for most disabled people but a number of problems remained. There were closed heavy-duty fire-doors which were difficult to open, and poorly designed details and fittings, including such furnishings as tables, rubbish bins and fire extinguishers which restricted the mobility of wheelchairs and provided trip hazards (Which, 1989). Since with modern technology fire-doors do not normally need to be kept closed, both these problems could easily be overcome through increased disability awareness training among architects and planners.

As for the built environment generally, the RICA researchers asked access groups in Birmingham, Brent, Eastbourne, Exeter, Milton Keynes, St Helens and Sunderland to inspect their main shopping areas. In particular, they were asked to look at access to and facilities within a variety of buildings including banks, building societies, chain-stores, supermarkets, fast-food restaurants, pubs, cinemas, post offices, town halls, DSS offices, Citizens Advice Bureaux (CAB) and main streets. Among the common problems were buildings which were inaccessible to people with mobility problems because they had steps to the door and no ramps or hand-rails; heavy doors which were difficult to open; plate glass doors and glass frontages on buildings which were badly marked (a real hazard for people with visual impairments); and inadequate parking facilities (Which, 1989).

In most of the twenty-eight banks visited, cash dispensers were too high for wheelchair-users and difficult for people with visual impairments to use because of poor design. Counters were also a problem for wheelchair-users, and not all banks had induction loops or other devices to help people with hearing impairments. A similar situation was reported in building societies. Few of the twenty-one chain-stores visited had parking facilities or changing rooms big enough for wheelchair-users, and only ten had lifts, one of which was judged to be unusable by people in wheelchairs because the controls were too high. Moreover, only one of these stores had an accessible toilet. Although all fourteen pubs inspected were considered accessible, only three had accessible toilets for both sexes – one had an accessible toilet for men but not for women. Access to the seven libraries surveyed was not a problem but inside not all sections were accessible: some were not on the ground floor and only six had lifts, two of which were considered too small for wheelchairs, while one was a goods lift (Which, 1989).

Access to toilets was a major problem in restaurants. Only five of the fourteen visited had toilets which could be used by disabled people. Many of the restaurants were found to have fixed seating and tables which made movement difficult for anyone with mobility problems. One of the town halls inspected was accessible only via steps, and two of the seven DSS offices did not have accessible toilets. Getting in and out of supermarkets was not considered a problem but the facilities inside were frequently lacking. Eight of the eighteen supermarkets did not have any seats, which is important for people who have difficulty walking, only three had accessible toilets and fewer than half had baskets or trolleys which could be used by wheelchair users. Some of the CAB offices were inaccessible, two of the seven post offices had steps and no ramps. Cinemas were found to be virtual no-go areas for disabled people unless they went with an able-bodied companion, booked in advance, were prepared to make special arrangements such as going in at a set time and, in many cases, were prepared to see only what was showing on the ground floor. All fourteen inspected had steps, less than half had accessible toilets

and only had an induction loop for people with hearing impairments (Which, 1989).

Each of the seven inspection teams visited the main street in their particular town. Good parking facilities are essential to many disabled people, but only one of the towns had sufficient spaces. One of the areas visited had no sloped kerbs at key crossing points to help wheelchair-users cross the road. The researchers concluded that provision for people with visual impairments was especially poor, since only two of the seven towns had raised lumps on the pavements to indicate where to cross (Which, 1989).

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One of the most significant examples of institutional discrimination against disabled people in the physical environment which the RICA study did not address concerns pedestrianisation. Many towns and cities now have pedestrian zones and shopping precincts where vehicle use is prohibited. These vary in size from huge areas in major cities to schemes just a few metres long in small towns. Moreover, according to the Department of Transport (DT) it is likely that as car ownership increases so too will the number of pedestrian zones - particularly in busy shopping areas (1987). However, while pedestrianisation might be acceptable people who can walk without difficulty, it causes major problems for those who cannot.

Many towns which have introduced pedestrian zones have denied access to disabled people with mobility-related impairments by refusing to exempt Orange Badge holders from the vehicle restrictions. Under the Orange Badge scheme disabled drivers are entitled to concessionary parking in many areas, including town centres. But because this scheme is widely abused by able-bodied motorists, several local authorities have refused to allow Orange Badge holders into traffic-free areas. To prevent this abuse the Government has agreed to amend the scheme, and a draft set of proposals was produced in April 1990 (DT, 1990a), but it has not so far been implemented.

Although some authorities allow Orange Badge holders to use their cars in traffic-free zones, others have banned them completely. By way of compensation they are providing special parking spaces in multi-storey car parks and electric wheelchairs for 'shop-mobility' schemes. Under these schemes disabled individuals must park

their cars and transfer to wheelchairs which are intended to be used by all disabled people to do their shopping. This overlooks the fact that most wheelchairs are individually modified to suit the needs of their owners. To transfer to a wheelchair which is not one's own can be as uncomfortable for the user as it is for an able-bodied person to wear badly fitting shoes. Able-bodied people would not put up with such discomfort in order to go shopping, so why should wheelchair-users? An alternative approach adopted by some authorities has been to ban Orange Badge holders at certain times of the day. Others have introduced local permits that favour their own disabled residents but ban everyone else. This would effectively signal the beginning of the end of the Orange Badge system (Chittenden, 1990).

This discrimination has been vehemently opposed by disabled people and their organisations. Throughout 1990 demonstrations of disabled people against the exclusion of disabled drivers from pedestrian precincts were seen in several British cities. A civil disobedience campaign was mounted in Chesterfield which resulted in the prosecution of two disabled motorists, Ken Davis and Jack Fitton. Ironically, at their trial they both had to be carried up a flight of steps in their wheelchairs to get to a makeshift magistrates' court because the usual court-room was inaccessible. They were then fined £79 and £61 respectively, which they declined to pay on principle (DCDP, 1990). Their fines were subsequently paid by an unknown source. One reason for this might be that apart from prison hospitals most of Her Majesty's Prisons are also inaccessible to disabled people (Masham, 1990).

It will be apparent from the above that there is local variation in access to the built environment and that much of the responsibility for this rests with local authorities. They are responsible for the implementation of Part M regulations and must draw attention to them when issuing planning permission for new buildings. The authority's Building Control Officer is usually responsible for this task, but some councils also employ an Access Officer, who will monitor planning applications, advise on the alteration of existing buildings, and generally ensure that public buildings in the council's area are accessible to disabled people. However, relatively few local authorities employ Access Officers. In a recent survey, of the 265 local authorities which responded to a postal questionnaire only thirty-six employ a full-time Access Officer and only sixteen of these are themselves disabled (ACE, 1991).

Some local authorities support local access groups, of which several emerged during the 1980s. These vary in size, take several forms and perform a variety of tasks. Some consist wholly of voluntary members while others include volunteers and local authority employees. Some have only disabled members while others do not. Some are controlled by local councils while others are autonomous. Many are involved in monitoring planning applications, advising developers, advising local authorities on access issues and the publication of access guides, while others

concentrate on campaigning and pressure group activities. Unfortunately, the existence of an access committee does not necessarily mean that local councils respond to the needs of disabled people. For example, Leeds Access Committee celebrated twenty- one years of existence in 1989 (Forum, 1989), but the central lending library, reference library and museum are inaccessible (LADC, 1983) and large areas of the city's shopping facilities have been pedestrianised with the exclusion of Orange Badge holders (Anderson, 1990).

Clearly the effectiveness of these groups will largely depend on the willingness of local authorities to make access a reality. On this point the RICA study concluded that local authorities could do much to give disabled people better access to both public- and private-sector buildings in their area. This could be achieved by the employment of more Access Officers and increased consultation with disabled people (Which, 1990).

But local authorities receive little direction and encouragement from central Government to improve access. These issues are dealt with nationally by the Centre for an Accessible Environment (CAE), previously known as the Centre on Environment for the Handicapped, and the Access Committee for England (ACE). There are no equivalent bodies to ACE in Scotland, Wales and Northern Ireland, where environmental issues are covered by their own national councils on disability.

The CAE was created in 1969, with funding from Government, to provide advice on the environmental needs of disabled and elderly people. It is run mainly by professionals appointed by the Department of Health (DoH), who advise architects and planners on the design of modern buildings. In response to the growing need for a central organisation to serve the increasing number of local access groups throughout the country, the Government set up ACE fourteen years later. Its main aim was to bring together disabled people, architects and representatives of the building industry to form an independent policy advisory committee.

However, it is apparent that ACE is anything but independent. From the outset it has been the responsibility of CAE, as regards both funding and the appointment of its members, and until 1990 the organisations shared office space -they now share the same building. Indeed, two directors of the Committee have resigned reportedly because it is subject to excessive control by CAE (Same Difference, 1990d, p. 2). In view of this situation, the Government gave ACE more control over its finances in the autumn of 1989, but abolished the Director's post and replaced it with a one-day-a-week Chairman and a Policy Officer. In addition, guide-lines were issued for its primary function. In a letter to the Chair of CAE the Minister for Disabled People stated that ACE should be 'something quite different from a pressure group', with its members not representing any particular interest or group but addressing

issues on an 'informal basis' (Same Difference, 1990d, p. 2). Given this situation it is no wonder that access remains a major problem for disabled people.

Proposals for Amendments to the present Building Regulations. The Department of the Environment (DoE) has recently announced proposals in 1990 to amend the Building Regulations to improve access for disabled people. These proposals recommend extending access to all storeys of new 'non-domestic' buildings, including those which have been internally rebuilt with only an external wall or walls remaining of the pre-existing structure. They would also extend access to include alterations and extensions to structures originally subject to access regulations. It is also proposed that the new regulations should cover access requirements for people with visual and hearing impairments. This would mean the introduction of textured surfaces and induction loops etc. (DoE, 1990b). These proposals are to be put before Parliament sometime in 1991 and if approved could be in force one year later.

While these proposed amendments are welcome, they have only a limited impact on access for disabled people. They only apply to non-domestic structures, hence houses and flats which are inaccessible will still be built. As with Part M, the amendments will only apply to buildings completed after their implementation. Existing owners will be under no obligation to make their premises accessible to disabled people, and there is nothing in the new regulations about 'listed' buildings - they are allowed to remain inaccessible. Finally, structures will still be erected which are not accessible to people with impairments in their upper limbs or with non-visible impairments whose needs are not even mentioned in the new proposals. Thus for the foreseeable future the majority of disabled people will still not be able to go where able-bodied people go.

Conclusion

This chapter has shown how the physical environment - mainstream housing, transport and the architectural infrastructure - has been constructed without reference to the needs of disabled people.

The first section showed how the housing needs of disabled people have been and continue to be largely ignored within the general area of housing policy. Accessible homes are only a tiny percentage of the total housing stock, and many of them are in public-sector 'special needs' housing ghettos which maintain and emphasise the traditional economic and social divisions between disabled and non-disabled people. This is mainly because most disabled people do not have the financial resources to enter the private sector and because local authorities have, since the 1970s, had a legal obligation to accommodate disabled people's needs. Recent developments in the Government's housing policy are unlikely to change this

situation. There are no Government initiatives to encourage public- or private-sector developers to build accessible housing. The 1980s saw a reduction in housebuilding generally, with the result that fewer accessible homes were built, individual disabled households were encouraged to use any resources which they might have to adapt their homes to suit their individual needs, and 'special needs' housing remained central to the Government's community-care programme.

In addition, Government efforts to encourage home-ownership and generate an independent rented sector make the widespread availability of accessible housing even less likely in the future. The sale of council houses has meant that fewer adaptable properties are available for disabled people to move into. Most housing associations have proved reluctant to meet the housing needs of disabled people and those which have done so are being squeezed out of existence by the new housing association financing system. Private landlords have never been great providers of suitable housing for disabled people, and the recent deregulation of rents is likely to make them still less so. The culmination of these policies. is a disproportionate rise in homelessness among disabled people.

It was then demonstrated that all modern transport systems are to varying degrees inaccessible to disabled people. This affects their choice of transport, the amount they have to pay to travel, and their dependence on others in order to travel any distance. The cost of buying and running a private car is often more expensive for disabled than for non-disabled motorists. The most convenient and inexpensive forms of local public transport, namely buses and urban railway systems, are entirely inaccessible to many disabled people. As a result they are forced to rely on such methods of getting around as taxis or segregated 'special' services which are either more expensive or provide a generally inferior service which denies them direct control over their transportation needs. As for long-distance transport, each of the three systems discussed -coaches, railways and airlines -provides a largely sub-standard service for disabled travellers. The cheapest form of long-distance travel, namely coaches, is the least accessible and they all require considerable advance warning before they can accommodate disabled people's needs. Moreover, although there is much talk from policy-makers and transport providers about making public transport more accessible for disabled people, it is clear that it will be the twenty-first century before public transport becomes widely accessible.

Disabled people's ability to perform even the most routine of daily tasks is thus severely diminished because of a predominantly inaccessible built environment. To some extent this problem was officially recognised in the 1970s, when the Government adopted an explicitly voluntarist approach in an attempt to resolve it. However, despite some improvement, the data show that on the whole this policy has failed. A wide variety of public and private buildings around Britain is inaccessible to disabled people, and although there are building regulations which

stipulate that structures erected after 1987 should be made accessible, major problems still remain. One of the most important is the growing shift toward pedestrianisation and traffic-free zones in city centres. It is important not only because they preclude people with mobility difficulties and bring into full focus the way in which disabled people's needs are ignored by architects and town planners, but also because pedestrianisation demonstrates clearly that legislation which simply tinkers with the Building Regulations will not eradicate discrimination against disabled people in the context of the built environment. It is probable that many of the new pedestrian precincts will have been created after 1987 and therefore should not in themselves be inaccessible to people with mobility-related impairments. So if access to the built environment for disabled people, along with accessible housing and accessible transport, is to become more than the empty rhetoric of policy-makers, local and national, then the Government should take the lead and introduce legislation making it compulsory.