



## **Living Streets' written evidence to the Women and Equalities Committee's inquiry into disability and the built environment.**

1. Living Streets is the UK charity for everyday walking. We want to create a walking nation, free from congested roads and pollution, reducing the risk of preventable illness and social isolation and making walking the natural choice. We believe that a walking nation means progress for everyone.

2. Our ambition is to get people of all generations to enjoy the benefits that this simple act brings and to ensure all our streets are fit for walking. For more than 85 years we've been a beacon for walking. In our early days our campaigning led to the UK's first zebra crossings and speed limits. Now, our campaigns and local projects deliver real change to overcome barriers to walking and our ground breaking initiatives such as the world's biggest Walk to School campaign encourage millions of people to walk.

### **Summary**

3. We welcome the Committee's inquiry into disability and the built environment. Living Streets expertise is in the public realm and local involvement to improve the pedestrian environment. Therefore, we have limited our written evidence to the design and management of the public realm and local involvement in decision-making. In answer to the questions set by the Committee, it is our view that:

- More consideration needs to be given to the physical barriers to walking faced by people of all ages with differences in mental, physical and sensory functions.
- Consultation is essential, particularly for schemes taking a shared space approach. Where such schemes are approved there must be adequate tactile information for visually impaired people. This could include the designation of 'pedestrian only' space marked out with appropriate tactile paving and direction to signalised crossings.
- Government's Devolution Deals with England's cities and emerging sub-regional transport bodies offer the opportunity to develop truly integrated spatial plans that link land use planning and transport planning, across transport modes and for people of all abilities.

- Disabled people should be involved in the evaluation of streets and walking routes, for example, be conducting a community street audit. However, it is important to offer the opportunity for anonymous feedback as well.
- Local authority transport engineers, urban designers, highways authorities (and others) in partnership with public health teams need to think about who the users are and the barriers that need to be addressed in order for a disabled person to complete their journey door to door.

## **Design and management of public realm**

- ***Are the needs of all groups given adequate consideration in the design of streets, highways, parks and publically accessible open spaces and in the provision of services such as public toilets?***

4. In a review of published literature for Living Streets' report on overcoming barriers to everyday walking for disabled people, we found that research has focused overwhelmingly on the built environment and the functional mobility of older people. There is a need to stimulate interest and investigation into the physical barriers to walking faced by people of all ages with differences in mental, physical and sensory functions.

5. In particular, consideration also needs to be given to the 'door-to-door' journey and the links between buildings, streets, and public transport services. People with different mobility and accessibility needs are more at risk of 'community severance'<sup>1</sup>, consequently, an inclusive, accessible outdoor environment is one that allows a person to travel from their home to any chosen destination without risk or worry<sup>i</sup>. Independent minded people may be undeterred by the barriers they face, but the need to devise adaptive strategies (e.g. planning routes or going more slowly) to cope with both physical and organisational barriers (e.g. arranging for assistance on journeys involving public transport) costs more and takes more time and effort for disabled people<sup>ii</sup>.

6. The provision of toilets and seating can encourage walking journeys. This is supported by data from a cross-sectional survey of 284 people aged 65 and over which found that the presence of seats, toilets, cafés and shelters in neighbourhood open space were significant predictors of the time participants spent outdoors<sup>iii</sup>. However, participants in our focus

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<sup>1</sup> A term coined by Donald Appleyard in 1972 when he compared peoples' movements living on quiet or busy streets and demonstrated that heavily trafficked streets reduce interactions between neighbours living across the road as well as on the same side of the street. Appleyard, D., Lintell, M. (1972). 'The Environmental Quality of City Streets', Journal of the American Institute of Planners, JAIP, vol. 38, no.2, p 84- 101

groups highlighted how in their experience 'accessible' toilets can be too small for their wheelchairs and facilities that are supposed to be available are often locked. Both of these situations may cut a journey short and may discourage future outings. It is important to ensure that information about toilets (and seating) is in fact as advertised and kept up to date.

- ***To what extent do shared space schemes in roads and highways cause barriers for disabled people and how can these be resolved?***

7. A shared space is a street or public space where vehicle movement and other activities are combined through informal social protocols, negotiation and design solutions rather than through formal regulations and controls. There are many aspects of a good shared space schemes that make them more enjoyable to walk and spend time in. However, it is this place function (e.g. café tables and chairs; more dominant and fluid pedestrian presence, and the presence of vehicles) which make them a challenge for blind and partially sighted people.

8. Living Streets believes that thorough consultation is essential before shared space schemes are implemented – for the benefit of all road users. They are not suitable for every place and there is no one size fits all approach. Local people and interest groups should have the opportunity to share any concerns. We also suggest that the same groups are invited back to evaluate the scheme once it is up and running. On-going monitoring of pedestrians' experiences should ensure that any teething problems can quickly be identified and remedied.

9. There must be adequate tactile information for visually impaired people. Shared space schemes can bring many benefits to pedestrians, but visually impaired people are at a disadvantage because they are unable to interact with visual cues from drivers. As a result they may feel unsafe and avoid using these spaces. Appropriate steps should be taken during implementation, such as the designation of pedestrian only space marked out with appropriate tactile paving and the provision of signalised crossings. Following implementation, schemes need to be evaluated thoroughly to ensure that they do not unduly discriminate against any user group. Caution should be exercised in considering schemes using uniform shared surfaces, unless accessibility issues can be explicitly addressed.

- ***What opportunities are there for delivering greater accessibility and inclusivity alongside more age friendly towns and cities, including liaison with the NHS?***

10. With the transfer of responsibility for public health to local government in England in 2013 came the opportunity to tailor local solutions to local problems. Public health guidelines published by the National Institute of Health and Care Excellence (between 2008 and 2014), show how local authorities can:

- promote and create built environments that support increased levels of physical activity (PH08)
- encourage physical activity for pre-school and school-age children in family community settings (PH17)
- encourage walking and cycling as forms of travel or recreation (PH41), and
- encourage employees to be physically active (PH13).

11. For example, NICE guidelines on walking and cycling (PH41) notes that promotional programmes should ‘...include information that people with impairments will require, such as where dropped kerbs are located, the location and design of barriers at access points to cycle paths, and where public transport links and disabled toilets can be found’<sup>iv</sup>.

12. Furthermore in 2014, Public Health England (PHE) co-produced a physical activity framework with over 1,000 national and local leaders, calling for action from providers and commissioners in: health, social care, transportation, planning, education, sport and leisure, culture, the voluntary and community sector, as well as public and private employers<sup>v</sup>.

13. The cost of inaction should drive action – in *Claiming the Health Dividend*, a report for the Department for Transport (2014), the direct cost to the National Health Service (NHS) of illnesses resulting from physical inactivity has been conservatively estimated at up to £1billion per annum (2007 prices)<sup>vi</sup>. There is a more pressing case to help disabled people be physically active because it can improve outcomes related to existing health conditions and it reduces the risk of developing secondary conditions.

14. However, the Government’s Devolution Deals with England’s cities and regions offer room for more concrete action. Living Streets wants to see the authorities and emerging sub-regional transport bodies to develop truly integrated spatial plans that link land use planning and transport planning, across transport modes and for people of all abilities.

### **Local involvement in decision-making**

- ***How effectively are communities able to engage with the process of decision making that shapes the accessibility of the built environment?***

15. Living Streets has developed its own community street audit methodology endorsed by the Department for Transport and Homes and Communities Agency. Building on the assumption that people know what needs to be done to improve their streets, we work with small groups of local residents, traders, councillors and officers to assess routes on foot. Each audit aims to create neighbourhoods that encourage good community relationships and promote active lifestyles, and are places that can be enjoyed by everyone.

16. Highways and planning authorities should involve and consult disabled people when designing and implementing changes to the public realm (avoiding a focus on any one disability). As described above, this can be done by including disabled people in the evaluation of streets and walking routes by conducting a community street audit. However, asking people about disability in a public space may prove too challenging, therefore, it is important to offer the opportunity for anonymous feedback as well.

17. Often small scale local improvements, where the people affected are involved in developing the solutions to mobility difficulties, can make a big difference to people's lives. For example, when residents of a sheltered accommodation complex in Swinton, Rotherham, took part in a community street audit<sup>2</sup> they recommended extending the hand rail on the steep slope from the complex to the main road to reduce the risk of slips and falls.

- ***Could local authorities do more through licensing, planning and/or enforcement to increase the accessibility of the built environment?***

18. Local authorities can encourage people with mobility impairments to live more active lives by ensuring that local journeys – to shops, health services, education, to work (etc.) – are be more accessible in terms of the quality of the pedestrian environment and the distance to destinations.

19. In practice there is often a disparity between the available design guidelines for accessible pedestrian environments and the real world physical barriers faced by disabled people. Instead of relying on the guidance to provide formulaic solutions, it is important for transport planners to think through who the users are and what physical barrier is being

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<sup>2</sup> As part of Living streets' Streets Apart project in 2014.

addressed. Sometimes all that might be needed is a relatively simple solution, such as putting in a dropped kerb.

20. Crossing the road was the number one issue of concern for the disabled people in our study. In particular:

- not having enough time to cross the road safely and in comfort, a lack of safe places to cross the road
- the need for more Puffin crossings (which provide auditory as well as visual cues for people with sensory impairments)
- controlled crossings that do not work, and
- the absence or obstruction of dropped kerbs to enable wheelchair users to cross the road.

21. The list highlights the need for transport engineers, urban designers, highways authorities (and others) in partnership with public health teams, to think beyond what the manual<sup>3</sup> says. Instead of a prescriptive approach to provision, they should think about what a disabled person might need to complete their journey from a-to-b (including transitions between walking and public transport). The best way to do this is include disabled people who have first hand experience of the barriers in the design process.

22. However, there is a role for national Government too. For example, an update on guidance on the use of tactile paving surfaces is long overdue – the last having been published in 1998<sup>vii</sup>.

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<sup>i</sup> Rui Ancaes, P., Jones P., Mindell J.S. (2014). 'Quantifying community severance: a literature review', STREET MOBILITY AND NETWORK ACCESSIBILITY SERIES WORKING PAPER 02. [http://www.ucl.ac.uk/street-mobility/docs/ucl\\_streetmobility\\_paper02](http://www.ucl.ac.uk/street-mobility/docs/ucl_streetmobility_paper02) accessed 17.09.15

<sup>ii</sup> Kirchner, C. E., Gerber, E. G. & Smith, B. C. (2008). 'Designed to Deter: Community Barriers to Physical Activity for People with Visual or Motor Impairments'. American Journal of Preventive Medicine, pp. 349-352

<sup>iii</sup> Sugiyama, T., Ward Thompson, C. and Alves, S. (2008). 'Associations between neighborhood open space attributes and quality of life for older people in Britain', Environment and Behavior, vol. 41 no. 1, 3-21.

<sup>iv</sup> NICE (2012). 'Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation' <https://www.nice.org.uk/guidance/ph41>

<sup>v</sup> Public Health England (2014). 'Everybody active, everyday: a framework to embed physical activity into daily

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<sup>3</sup> In particular, the 'Design Manual for Roads and Bridges'.

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life', HMSO, London.

<sup>vi</sup> Department for Transport (2014). 'Claiming the Health Dividend', report by Adrian Davis, HMSO, London.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/371096/claiming\\_the\\_health\\_dividend.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/371096/claiming_the_health_dividend.pdf)

<sup>vii</sup> See [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/289245/tactile-paving-surfaces.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/289245/tactile-paving-surfaces.pdf)