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**The Children that Time Forgot: Reframing Housing Standards to  
Incorporate Children's Needs**

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## **Abstract**

This paper presents the findings from a recent study funded by the Joseph Rowntree Foundation examining the housing and neighbourhood needs of 44 visually impaired children. Our research found that disabled people's needs have been too narrowly based on 'accessibility' criteria, which do not take into account the health and safety issues so important for children. Indeed, the home environment is the main site of accidental death or injury for young children under 4 years, and children from low income families are particularly susceptible to burns, scalds, falls, swallowing foreign objects or poisonous substances within it (CRDU 1994). As disabled children are statistically more likely to be in low income families, this places them at high risk.

If 'accessibility' is to be reconceived as design for usability throughout the life-course, this challenges us to move beyond the pragmatic but limited application of design prescriptions for disabled people as a separate and adult group, and to re-think all of the dimensions of the housing quality framework in the light of this expanded approach.

## **Background**

The study, funded by the Joseph Rowntree Foundation ran for one year from May 2001-May 2002. The main aims were to describe and identify visual impaired children's everyday experiences of their home and neighbourhood environment, including its impact and measures which might improve their lives.

We conducted two largely 'open ended' interviews with each of the total sample of 44 visual impaired children and their families, and asked the children to keep a diary of their experiences for a week. Approximately half of the children completed this task, which was used to generate 'grounded theories' and key themes for the second interview.

The paper will now move on to outline the key themes emerging from our study.

## **Attitudes towards housing adjustments**

With the exception of a particularly vociferous minority of parents who rented their homes from social landlords, the majority of our sample had undertaken few minor and no major adjustments to their home which they directly attributed to their child's visual impairment, as they tended to link such changes to more generic 'safety' or 'play space' issues which affect all children. Indeed, a recent survey undertaken by Hanson (2002) into the housing needs of 405 older visual impaired people supports this finding, and concludes that 'most people do not make any adjustments at all to their home as a result of their sight problem'(p17), which indicates that issues raised relating to the 'fixed' structural design of the home are not particular to visual impairment but rather to the needs of a heterogeneous public who change throughout their life-course.

Of the minor adjustments related to visual impairment, appropriate lighting was one of the most often cited, whether natural or artificial. Given the range of eye pathologies, which can affect either the central, peripheral or general/sporadic visual field (Bright, K. 1999) the degree of flexibility and control over the location, type, and intensity of lighting was a critical factor. Long (1995) also stressed this point, when examining professionals who work with visual impaired children, perceptions of their priority needs within the home.

However, aside from lighting, the minor adjustments cited were less specific to the experience of visual impairment and more to an awareness of accident prevention for children within the home.

Changes in level such as steps and stairs were seen as potentially hazardous, and the need for their clear visibility, especially at the edges, and handrails for stability and guidance were identified. The kitchen was viewed as area of high risk, and children's movements were largely supervised and mostly restricted to making snacks, or for older children, the rare hot drink. This was also found by Oldman and Beresford (1998) in their study of the housing needs of disabled children, where it was pointed out that "only 21

families out of 200 reported that kitchens were difficult for their child to use...It was evident from the interviews that parents wanted to minimise the risk and did not want to encourage their children to cook” (p24). Similarly, Hanson (1999) in a study examining the housing and support needs of young visual impaired people aged 16 to 30 years, noted that the kitchen “evoked the most comments and complaints...usually to do with safety” (p56).

When the bathroom was noted as problematic, this was mostly in terms of the height of the sink and toilet, which were seen as more suitable for adult than child use.

Major adjustments, which include alterations, extensions and moving house, were justified in terms of child safety, extra space or the location, however, often only after some prompting. Glass doors and windows at head height were seen as risk factors, as were internal stairs which posed a danger to the child of tripping and falling. All of which were viewed as problematic enough to initiate design alterations, or in several cases a house move.

Adequate space was a critical factor for both parents and the children, whether in the home or the garden, as this offered the internal flexibility to accommodate a range of needs, including the storage of large print or Braille books, play space, a room for each child, or a fenced garden run for guide dogs<sup>1</sup>. Just as Oldman and Beresford (1998), highlighted the importance of a separate room for the severely disabled children within their study on account the children’s medical as well as social needs, so this was also seen as an important issue for the visually impaired children within our study. The children, especially those who were older, highlighted the need not only for privacy, but their sense of predictive confidence in having control over their own space and the routine of knowing where everything is, which might be undermined by siblings. The importance of sufficient space is reiterated in the

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<sup>1</sup> As it can take as long as two years to find a suitable guide dog and match and train them to their owners needs, children tend not to be offered dogs as a mobility aid until they are at least aged sixteen years (Keil et al, 2000)

recent studies by Milner and Madigan (2001), Hanson (1999, 2002) and Oldman and Beresford (1998, 2000).

Lack of space was also one of the most frequently cited reasons for moving house, followed by proximity to local amenities, especially a preferred mainstream school. This latter issue is central to the lives of families with visually impaired children, the majority of whom now opt for mainstream schools rather than special schools,<sup>2</sup> The recent RNIB research report (Franklin et al, 2001) investigating the educational needs of blind and partially sighted children found that proximity to the family home was a primary concern for parents when choosing their child's school.

The results therefore show that although control over lighting is an important consideration for visual impaired children, the critical issues derive from the inappropriate design of housing and internal amenities for all children's needs. Child safety and accident prevention in the home, and adequate space in both the home and garden, must be seen as a top priority informing the development of future housing design policies. For further information on detailed environmental design guidelines for visual impaired people see Barker (1995).

### **Housing design policies & the life-course: the children that time forgot**

The phased implementation of the 1995 Disability Discrimination Act is ongoing and will be complete in late 2005. It challenges discrimination in a number of wide ranging areas from employment, access to goods, services and facilities, to education, and led in 1999 to the amendment of the Building Regulations requiring access to disabled people (Approved Document Part M in England, Part Q in Scotland). These have been extended from public buildings to private dwellings, and will ensure that all new homes meet the minimal criteria of 'visitability', that is, they will allow a wheelchair user to cross the threshold of a door entrance unassisted. However, although the

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<sup>2</sup> Only 7% of visual impaired children now attend one of the 22 special schools in the UK. The remaining children attend mainstream schools which may house a visual impairment resource

mandatory design prescriptions are characterised by key features including WC provision, a level entrance, and circulation space wide enough to allow wheelchair access on the first storey, they have been criticised, particularly by disability organisations for not being far-reaching enough (Milner, J & Madigan 2001). For whilst they may as their title suggests, allow for the occasional visit from a wheelchair user, they do not have the inherent design flexibility to enable an individual to 'stay put' if they develop mobility problems.

In the light of the foregoing shortcomings of the amendments to Part M/Q, they are currently under review, and it looks likely that they will be incrementally developed along the lines of the Lifetime Homes design criteria, which are underpinned by a philosophy that housing design should be flexible and adaptable enough to accommodate the changing needs of people whatever their life stage. Designed around 16 key criteria, they are intended to, if not facilitate full independent access for wheelchair users to all stories, at least enable wheelchair circulation and turning space on the ground floor level. Central to this life-course approach is the provision of sufficient space for the conversion of a downstairs room to a bedroom, and a through the floor lift should occupants needs change (Carroll, C et al, 1999).

The Lifetime Homes concept was first initiated in 1989 by the Helen Hamlyn Foundation and since 1992 has been developed and promoted by the Joseph Rowntree Foundation. It emerged at a point when there was growing awareness of the decline of both private and public sector housing quality, especially in relation to floor-space standards (Karn, V & Sheridan, L. 1994). LTH was intended to offset this concern on the part of first, the house buying public of the appearance and affordability of homes suitable for successive generations, second, the private house building industry of the cost and marketability of incorporating 'inclusive' design features, and third, public sector housing authorities, who had to balance cost constraints with addressing the needs of a growing number of households with older or disabled people. A number of the LTH criteria have since been incorporated

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unit with additional staff, equipment and materials, or may receive individual support (Franklin,

into the 'essential' and 'desirable' design features listed in the Housing Corporation's Scheme Development Standards (The Housing Corporation, 2000) which require minimal compliance to attain the Social Housing Grant, funding for new build housing developments.

However, although the recent re-regulation of housing quality in terms of design standards now ensures a minimal threshold of general accessibility, these regulatory frameworks and guidelines, have been criticised for being based on stereotyped assumptions of disabled people as largely physically disabled and wheelchair users. As Imrie and Hall (2001) argue they have "over the years tended to promote mobility impairment (related to wheelchair users) as the problem to be readdressed rather than seeking to understand impairment as a myriad of possible often changing, bodily conditions (p43)". This is highlighted by the more restricted definition of disability embraced by Approved Document Part M, as compared with the 1995 Disability Discrimination Act. Further, whilst such building design polices purport to consider the changing needs of people throughout the life-course, they also tend to interpret this concept narrowly from adulthood to old age, forgetting or overlooking children's needs.

The long awaited, recently launched British Standard 8300 'Design of buildings and their approaches to meet the needs of disabled people – Code of practice', developed to complement and expand upon the guidance offered in Approved Document Part M, exemplifies the emphasis on adults and physically impaired people, pointing out in the forward, "During the course of development of this British Standard, however it has become clear that further research will be necessary into risks and inconvenience in buildings to people with sensory impairments (p V)", and later in the introduction, "This British Standard does not apply to dwellings or residential buildings designed exclusively for use by disabled people nor does it make specific recommendations relating to the use of buildings by children (p1)".

Even the LTH design criteria, were found in a recent review undertaken by the Consumer Association on behalf of the Joseph Rowntree Foundation (Sopp, L & Wood, L 2001) to fall short of the needs of families with children. Indeed, in a survey of 302 LTH residents, the two key detractors of user satisfaction were “the age [older] of residents and the presence or absence of children (p6)”. It was found that “families with children were significantly more likely (44%) to have made changes [to their homes] than those without (25%) (p14)” and that child safety was the primary motivation for carrying out these adjustments. They “were also more likely to mention the size of shape of the rooms (22%) (p15)”, and that “they would prefer an open plan design with few or no corridors...the overwhelming reason was that it would feel more spacious or make better use of space (p9)”.

The evidence shows that the key considerations for the future development of Lifetime Homes design guidance, should centre on first, the safety and space needs of children especially in the kitchen. Indeed, it may be that if sufficient space is available, that this will offset some safety problems, for example, more space in the kitchen would allow for increased adult supervision of children. Changes of level such as steps and stairs, should also be reviewed along with window height and catches, panes of glass within doors and windows, and electrical wiring (for lighting) and socket safety and height. A second, important and related issue is the design of internal amenities, such as bathroom fittings which are designed for adult needs over those of children, especially when children are younger.

The evidence emerging from our study and from a review of the relevant research and policies indicates that the built environment has been traditionally designed around a stereotyped concept of users as adult and non-disabled (Imrie, R & Hall, P 2001). Although recent legislation and design guidance aimed at addressing the wider needs of people has comprised a useful staging post on the road towards incrementally including all, they are also based on a stereotyped concept of disability and stage of the life-course, which exclude visual impaired children in both areas. Clearly, building design



policies must be reviewed with the intention of accommodating cultural diversity and physical difference irrespective of life-stage.

### **Re-thinking Housing Quality : The inclusion of 'inclusive' design criteria**

There is a clear and well documented relationship between poor housing, low family income and the incidence of childhood disability. In a large-scale review of the statistical evidence relating to the numbers and needs of disabled children in the UK, Gordon et al (2000) conclude, "there is little doubt, therefore, that 'working class' children [from a lower socio-economic group] have a higher risk of suffering from a disability than children from 'middle' and 'upper' classes." , they further comment, "in brief and crudely put, it appears that poverty is much more likely to make you 'sick' than 'being ill' is likely to make you poor (p71)". In a raft of initiatives and funding packages<sup>3</sup> intended to tackle the detrimental and pervasive impact of poverty on children's lives, The Children and Young People's Unit (CYPU) launched by the Government in late 2000, identified housing as a priority area within these measures. Their strategy paper (Children & Young People's Unit, November 2000) highlighted that almost a quarter of children in the UK continue to live in very low quality housing "which does not meet the enforced standard of decency (p19)". However, although the Government point out that they will address this issue by injecting funds to progress the backlog of repairs and maintenance within social housing, the CYPU does not touch on the need to review the existing measures developed to ensure a minimal threshold of housing quality, in the light of all children's needs. The paper will therefore now move on to examine each of the key enforcement mechanisms currently in use, with a view to assessing future policy directions.

Our study has shown that disabled people's needs have been too narrowly based on 'accessibility' criteria, which do not take into account the health and

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<sup>3</sup> The £450 million Children's Fund is the most substantial of a range of Government investments identified 'for new preventative services for children' (Children & Young People's Unit, November 2000)

safety issues so important for children. Indeed, the home environment is the main site of accidental death or injury for young children under 4 years, and children from low income families are particularly susceptible to burns, scalds, falls, swallowing foreign objects or poisonous substances within it (CRDU 1994). As disabled children are statistically more likely to be in low income families, this places them at high risk. However, as the Children's Right's Development Unit, (now the Children's Rights Alliance for England) pointed out, accident prevention is not just a matter of 'poor design of the environment' but also 'lack of money', where 'parents cannot afford to buy safety equipment (p133)'.

If 'accessibility' is to be reconceived as design for usability throughout the life-course, this challenges us to move beyond the pragmatic but limited application of design prescriptions for disabled people as a separate group, and to re-think all of the dimensions of the housing quality framework in the light of this expanded approach.

When comparing Approved Document Part M of the English Building Regulations with the Scottish equivalent 'Part Q', a further problem emerges, as the former still comprises a separate set of guidelines specifically aimed at disabled people's needs, whilst the latter integrates these into the general health and safety requirements of all.<sup>4</sup> A key contradiction arising from the former approach is that whilst it vouchsafes the design requirements of a limited range of mostly physically disabled people, it does so at the expense of accommodating, first, the wider range of needs covered by the broader definition of disability in 1995 Disability Discrimination Act, and second, the needs of people throughout their life-course, especially children. Additionally, it creates a complex and artificial separation of accessibility considerations from the many other closely related and often duplicated or overlapping health and safety criteria embraced by the Building Regulations (Bone, S 2000).

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<sup>4</sup> This issue has been identified by the DTLR and is now informing the ongoing review of Part M by the Building Regulations Advisory Committee .

A current and pioneering example of this holistic line of thinking is the recent launch of the Housing Quality Index (HQI). Developed for all housing “ as a flexible measurement tool of housing quality to be used by consumers and developers alike in both the public and private sectors ” (DETR, 1999, P1), it comprises 10 indicators, based on three categories: location, design and performance. Of particular relevance to disabled peoples’ needs, including children, are the indicators covering internal accessibility, size, safety, security, design and aesthetics, site routes and movement, location and noise, light and services. Bearing in mind, the inherent bias of design prescriptions in favour of the needs of adult mobility impaired people, a review of the relevant indicators taking into account the environmental design requirements of all children, including those who are visually impaired, is urgently required to redress the balance.

Now a mandatory system of compliance<sup>5</sup> for all Registered Social Landlords, the housing quality rating scores will feed into a national HQI database, which promises to provide a valuable source of information on the profile of the national social housing stock, which may be used as a measure of extent to which housing design addresses the access and health and safety needs of all children.

It is not yet clear if and when the HQI index will be used as a system of voluntary accreditation for use by the private housing sector to strengthen the current accreditation scheme operated by the National House Builders Council, comprising a 10 year warranty for all new private homes (Milner, J & Madigan, R 2001, p95).

Another important yardstick of housing quality in relation to children’s health and safety in existing homes, is the Housing Health and Safety Rating System (HHRS), which will shortly replace the current Housing Fitness Standard. Based on a scoring system which ranks a list of hazards within dwellings

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<sup>5</sup> The HQI used in conjunction with the revised Scheme Development Standards (2000), has now become a mandatory requirement for the allocation of the Social Housing Grant by The Housing Corporation

according to an evaluation of their level of risk to health and safety, this comprises a useful mechanism for identifying and grading 'unhealthy' homes for repair or renewal. 24 categories of housing hazard were identified within the consultation paper (DETR, 2001) and range from poor ergonomics, crowding and space to falls on stairs, steps and ramps. Older people and young children are singled out as at risk of falling or in terms of their susceptibility to low temperatures. However, the definition of 'vulnerable groups' within the proposed HHSR could usefully be expanded to include those defined as 'chronically sick' or disabled in terms of the Disability Discrimination Act 1995, as a preventative measure to protect those at highest risk of accidents, including the most vulnerable group, disabled adults and children, who are most likely to live in substandard accommodation.

## **Conclusions**

Although, the main regulatory frameworks in relation to housing quality have either just been reviewed, or are in the process of review, our study shows that narrow stereotypes of building users continue to inform their development and application, and therefore their full potential as an important means of minimising the social exclusion of all children including disabled children, is not being recognised.

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