Planning for disabled people in New Osbaldwick

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Contents

1 Principles

The principles applied in this review are contained within two broad approaches to meeting the needs of disabled people: the social model of disability, and the seven foundations of independent living. Both of these derive from the efforts and analysis of disabled people themselves.

The social model of disability is increasingly accepted as a practical tool as well as a philosophical and ethical position. Indeed, work supported by the Joseph Rowntree Foundation has been at the forefront of reaching this position (Macfarlane and Laurie, 1996; Stone, 2001). The model will inform the definitions and approach used in the paper.

The seven foundations of independent living were developed in 1981 by a group of disabled people in Derbyshire, and are now promoted by the disabled people's movement nationally. The headings derived from these 'foundations' provide a framework for the review of evidence.

2 Definitions of disability

The medical model of disability defines disability as 'a physical or mental impairment that limits a person's ability to perform day-to-day activities'. People are thus regarded as disabled by their own impairments which are seen to hold them back. The social model, on the other hand, distinguishes between 'impairment' (physical or mental) and 'disability'. The latter is defined as 'the disadvantage or restriction of activity caused by contemporary social organisation which takes little or no account of people with impairments and thus excludes them from the mainstream of social activities' (Macfarlane and Laurie, 1996).

In adopting the social model, then, this review is starting from the premise that disability is created by an excluding environment. Environment in this sense may be:

- social (e.g. attitudes to or assumptions about people with impairments)

- bureaucratic (including policies and procedures that disadvantage people with impairments)

- physical (such as access to buildings and the built environment).

Finally, the review will work from the basic premise that disabled people are not a homogeneous group. Impairments are many and varied and individuals are even more so.

Relevance to New Osbaldwick

It follows that if the development of New Osbaldwick is to adhere to a 'social model' of disability, it will need to consider issues beyond the physical infrastructure of the site. For example, in considering the needs of the people who may live there, it will be important not to make assumptions that exclude people with impairments from certain housing options or certain community facilities. Moreover, this may mean taking specific action to overcome the assumptions and attitudes of others. Equally, it will be important to scrutinise the process used to consult and engage people in the development and planning process so as to ensure that they are not themselves operating in an exclusionary or discriminatory way.

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3 Prevalence of impairment

Even at the national scale, the level of knowledge and data about impairment and disability is woefully dated and inadequate. The data used in the national OPCS (Office of Population Census and Surveys) surveys is now over 20 years old and, although this has been supplemented by other smaller scale surveys, sometimes focusing on specific impairments, it remains the most comprehensive data source (Bone and Meltzer, 1989; Martin *et al.*, 1989).

Accepting these shortcomings, it is worth considering what sort of impairments one might expect to find in a sizeable new community as New Osbaldwick. Tables 1 and 2 attempt to give such a picture by translating estimates of national prevalence rates to a new development of the size and scale of New Osbaldwick.

Table 1 Projected incidence of locomotion, sight and hearing impairments

Nature of impairment	Rate per 1,000 children[1]	Projected incidence New Osbaldwick[2]	Rate per 1,000 adults[1, 3]	Projected incidence New Osbaldwick[2]
Locomotion	9	3	99	101
Sight	2	1	38	39
Hearing	6	2	59	60

[1] *Based on OPCS surveys, 1989 (Bone and Meltzer, 1989; Martin* et al.*, 1989).*
[2] *This assumes that the 540 dwellings will house 1,250 people, and that the age profile in New Osbaldwick will mirror that of York (figures rounded up to whole numbers).*
[3] *Within figures for adults, prevalence rates increase rapidly for older age groups.*

Table 2 Projected incidence of intellectual impairment and mental health related issues (adults only, 16–64[1])

Nature of impairment	Rate per 1,000 population	Projected incidence at New Osbaldwick[2]
Learning disability[3]	31	38
Severe/profound learning disability[3]	4	5
All neuroses[4]	160	200
Functional psychoses[4]	4	5

[1] *Figures for children/older people not readily available.*
[2] *This assumes that the 540 dwellings will house 1,250 people, and that the age profile in New Osbaldwick will mirror that of York (figures rounded up to whole numbers).*
[3] *Based on OPCS survey, 1995.*
[4] *Annual prevalence rates, based on OPCS estimates of psychiatric morbidity, 1995 (Meltzer* et al.*, 1995).*

Relevance to New Osbaldwick

It is important to remember that these numbers cannot simply be added together and assumed to represent disabled individuals or even 'categories of need'. Levels of severity may vary significantly, and some people will have multiple impairments. Nevertheless, the figures represent a crude and simplistic indication of the range of impairments that one might expect to find in a community of the size of New Osbaldwick *if* disabled people could be reasonably expected to be fairly evenly distributed within local populations. In practice, of course, this is not the case.

4   Where disabled people live now

In fact, available evidence suggests that the socio-spatial distribution of people with impairments is uneven. Indeed, it could be argued that some of the explanations for this uneven distribution – which contribute to denying people with impairments access to the full range of housing choices – are amongst the factors that 'disable' them.

Firstly, people with certain impairments have historically been directed into certain types of accommodation. There is a huge literature which exposes the predominance of residential care as the 'majority tenure' for people with learning difficulties, for example, yet little if any evidence to suggest that this is because residential care is the option preferred by these people themselves (Simons, 1995; Collins, 1996; Simons and Ward, 1997). Research suggests that other groups, too, find alternative housing options closed to them. Older people with mental health problems (Adams and Wilson, 1996), younger adults with complex health needs (Morris, 1999), young black disabled people (Bignall and Butt, 1999), older people with high support needs (Kestenbaum, 1999), all have found themselves 'routed' into shared and often highly controlled living arrangements that segregate them from the community at large.

Secondly, even for those whose level of impairment is not so severe as to be seen to 'warrant' an institutional setting, the relative economic disadvantage of disabled people (Dobson and Middleton 1998; Burchardt, 2000) and the reduced choices with which they are presented (Arblaster *et al.*, 1996; Hudson *et al.*, 1996) have combined with other factors to channel them into certain types of housing in certain types of neighbourhood. Thus, for example, disabled people tend to be over-represented within social renting (Watson and Tarpery, 1998) and within deprived communities (Watson, 1997).

Thirdly, provision of housing and support for disabled people has often operated with a stereotypical view of what their household will look like. For some provision, the increased likelihood of impairment with advancing age has led to little or no provision for those in younger age groups. Many of the properties built to full wheelchair accessibility standards, for example, are found within sheltered housing scheme settings (Papworth Trust *et al.*, 2001). Other forms of provision are targeted more generally at adults but typically assume that people in need of their services will be single and childless. Support options are unlikely to come to the fore whilst family relationships remain intact, as confirmed by recent studies highlighting the (broken) parent/child links of many homeless people (Fitzpatrick *et al.*, 2000).

Relevance to New Osbaldwick

Breaking into the assumptions and attitudes that underpin these actual trends could be an important part of putting a social model of disability into practice and achieving an inclusive community. This could be particularly important and influential given New Osbaldwick's status as a new-build scheme, and the probability that it will become a highly desirable development on which to live. However, this objective may well require specific actions linked to specific intentions to 'include'. Some suggestions regarding these will be included in the sections that follow.

Even without such specific actions, however, as a mixed tenure, high density site, there will be significant numbers of children, young people, adults and older people in New Osbaldwick who have a range of impairments. Their needs must obviously be accommodated as far as possible within the new community. They are unlikely to have different aspirations to others within their age range, but they may be more likely to be denied the opportunities to meet them without their requirements being explicitly addressed.

5 The seven foundations of independent living

Accessible information

The importance of appropriate and accessible information to disabled people, and the barriers created when it is lacking, is a recurrent theme in the literature. A study of a local community care rights project found that over 80 per cent of those contacting the service were in need of clear, reliable and comprehensive information (Coombs and Sedgwick, 1998). Gaining access to information has been highlighted as one of the biggest challenges facing many of the groups subject to study. People with impaired vision (Derbyshire, 1998), families with disabled children (Oldman and Beresford, 1998; Chambra *et al.*, 1999), people with mobility impairments (DPAA, 1995), young people in transition to adulthood (Morris, 1999), all have highlighted the difficulties caused by inadequate and incomplete information.

Sometimes the issue relates to the need to adapt information so as to make it literally or physically accessible. For example, research shows that a lack of suitably presented information seriously inhibits deaf people's ability to participate effectively (British Deaf Association, 1996) and contributes to the isolation of visually impaired people, 82 per cent of whom are unable to read standard correspondence without assistance (Baker and Winyard, 1998).

The preceding two studies also highlight a number of concrete steps that can be taken to minimise the problems. Plain English summaries, briefings in British Sign Language, interpreters at meetings, and other measures help to ensure the inclusion of deaf people. For visually impaired people, local radio is a powerful medium, as are talking newspapers. Where printed information is used, large font size and clear typeface, well-spaced contrast printing on non-glossy paper, avoiding justification and 'special effects', and access to alternatives (such as audio or Braille) can help to minimise exclusion. For all groups, the potential of IT is increasingly being recognised.

Sometimes, however, the problems relating to information are more subtle, and relate as much to assumptions and attitudes about *what information is necessary to whom* as they do to the media and formats used to convey it. Thus, for example, few people with learning difficulties are aware of the range of housing options that are available to them (Harker and King, 1999) and still fewer are aware that entering home ownership may be a realistic possibility, even for disabled people dependent on benefit income (Simons, 2000). This is inevitably a more difficult issue to tackle.

Finally, but importantly, the lack of appropriate and useful information also plagues the strategists and commissioners concerned with the needs of people with impairments. The section on prevalence of impairment above highlights the

inadequacy of data, even at the national level. This lack of basic information is even more profound at the local scale, particularly when it is related to identifying housing requirements (Oldman and Beresford, 1998; Harker and King, 1999; Papworth Trust *et al.*, 2001; Beresford and Oldman, forthcoming). The comment below relates to people with visual impairment but could equally well be applied to other groups of disabled people:

> The system for identifying and meeting housing needs is compromised by the absence of quality information. Collaboration between agencies is often fragmented. As a result, people fall through the net. (Cooper *et al.*, 1994)

This lack of information (and consequent widespread institutional incapacity to identify, quantify or act upon needs) is a crucially important part of the picture. It implies that traditional bureaucratic routes cannot necessarily be relied upon to recognise or meet disabled people's housing needs and aspirations.

Relevance to New Osbaldwick

It follows from the above, that if New Osbaldwick is to be developed as an inclusive community, it needs to take on board 'accessible information' in a number of ways:

1   It needs to ensure that the development process itself is not excluding disabled people by denying them access to the processes of information, consultation and participation. Some of the features that may assist those with hearing and sight impairments are highlighted above, and are outlined in more detail in the referenced texts. It will also be essential to ensure that public participation events are held at venues that accommodate those with mobility difficulties (including wheelchair users), and again there is guidance available on this (see page 00). Locally, York's Access Project could be approached for advice, and local voluntary groups may be prepared to assist in enabling consultation to take place with 'communities of interest' as well as the immediate geographical community (see Appendix, section 1).

2   The built form itself and the community facilities envisaged should take account of the needs of disabled people for accessible information generally. There is guidance available, for example, on the design of signage (tactile materials, clear contrasts) to maximise the prospect of visually impaired people being able to use it. Moreover, the plans for a community building on the site provides an ideal opportunity to ensure that there is an accessible information resource on hand to all, and thought should be given to how this

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could best be achieved. One possibility might be an access point there to provide an IT gateway (with touch-screen and audio facilities), which could be of value to all members of the community. Thought should also be given to how the building could be made appropriate as a possible venue for face-to-face advice and information services, for example, providing a fully accessible room in which people can talk confidentially.

3   If disabled people are to be made fully aware of the housing opportunities that are going to be available at New Osbaldwick, there is an argument for making them specific targets in any marketing that takes place.
This sort of pro-active approach could help to counteract the assumptions and attitudes that may exclude them, and the failure of bureaucratic systems to adequately capture and reflect their needs/aspirations. Again, voluntary organisations and the City of York Council could be partners in this. Attempts could be made early on in the process, for example, to positively encourage disabled people and those who support and/or advise them to consider all tenure options. There are a number of published and consultancy resources that could assist in this endeavour (see Appendix, section 3).

Accessible environment and suitable housing

There is no shortage of guidance relating to the accessibility of external environments. The British Standards Institute has recently revised its provisions regarding the design of buildings and their approaches, bringing together previously separate guides for public buildings and domestic dwellings (BS8300, 2001). The Centre for Accessible Environments has published a guide to auditing and 'designing in' accessibility (Lacey, 1999) and is in the process of establishing a national network of accredited Access Consultants (see Appendix, section 2).

Other organisations have produced 'impairment-specific' guidelines. The Royal National Institute for the Blind (RNIB), for example, suggests five design principles that benefit people with visual impairments:

*   layout: be simple and logical
*   decorative finish: use colour and tone contrast
*   lighting: keep level and uniform
*   services: use colour contrast; tactile facilities; audible announcements
*   signage and information: be concise and consistent.

Within each of these headings, detailed advice is available (Barker *et al.*, 1995).

On the thoroughfares of a neighbourhood, factors to be considered include the segregation of pedestrian and cycle routes; the type and angle of lighting; the design and positioning of street furniture; the provision of drop kerbs or flush-level-with-tactile-paving with colour contrast; possible 'audio-protection' of parking spaces reserved for disabled people. And the wide range of facilities available in a modern neighbourhood – the shops and their signage, the cash-points, the public telephones, the play parks and open spaces, the leisure options – all require consideration from the perspective of those with a wide range of impairments. Given the heterogeneity of different groups (disabled and non-disabled), compromises will undoubtedly be necessary and arriving at an optimal solution will inevitably be complex. What is important, though, is that the perspectives of disabled people are recognised and explicitly considered as part of the process.

The management of the external environment is also likely to be particularly important to disabled people. Fast-growing trees and shrubs, for example, may be aesthetically pleasing to those with sight but can be positively dangerous to visually impaired people if their foliage is allowed to encroach onto pavements and walkways (Derbyshire, 1998). Similarly, the desire to make recycling an everyday part of life is clearly laudable, but if thought is not given to the detail of how disabled people will be included in this, it will not be fully achievable. Plans for bin storage and design, for collection arrangements, for labelling, all need to consider the requirements of people with impairments. Finally, litter and refuse – a major cause of concern to residents in many neighbourhoods – are likely to be even more problematic to those with impairments. The design therefore needs to take account of the need for regular inspection and for remedial action relating to this.

Turning to housing provision itself, the widespread shortage of accessible dwellings is well-documented. In 1990, for example, the Ewing Inquiry in Scotland estimated the figures shown in Table 3.

As these figures demonstrate, the relative shortage of accessible dwellings was even more severe for those people with some degree of ambulance than for people who used wheelchairs. Supporters of Lifetime Homes have highlighted the benefits that barrier-free housing can bring both in addressing this shortfall and in relieving the

Table 3 Estimates of accessible housing (Scotland)

	Fully accessible to wheelchair users	Fully accessible to 'ambulent disabled'
Stock required	27,000	213,000
Stock available	1,575 (5.8%)	4,950 (2.3%)

Source: Ewing Inquiry, quoted in Palmer and Bonnar, 1995

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pressure on fully accessible wheelchair stock. Available evidence suggests that construction to these standards is an excellent starting point in ensuring physical accessibility: meeting the full needs of many, bringing the prospect of accessibility within 'adaptable reach' of many more, and giving a built environment with which all can interact at a basic level. However, as the Foundation's own promotion of the concept makes clear, they are not a substitute for fully wheelchair accessible dwellings:

> Lifetime Homes … are designed so that people with moderate mobility difficulties can quite easily be accommodated in general needs housing … However, they are not specifically designed with wheelchair users in mind. (Brewerton and Darton, 1997)

Housing suitable to the specific needs of those people whose impairments require permanent or significant use of a wheelchair continues to be in short supply.

A recent collaboration between the Papworth Trust, Habinteg Housing Association, the Housing Corporation and Pathways Research confirms this picture, estimating a significant national shortage. In York itself, the figures they present in their analysis would translate to the figures shown in Table 4.

Given these figures, and if the New Osbaldwick master plan's commitment to accessibility is to be achieved, it is likely that some of the dwellings will need to be built to full wheelchair accessibility standards. New Osbaldwick may also be an ideal opportunity to 'wire in' smart technology on a notable scale, with the additional benefits that this could bring to wheelchair users and others (Gann *et al.*, 1999). The successful inclusion of these aspects on a mixed tenure site would be particularly significant in demonstrating what could be achieved.

Finally, one of the biggest challenges to face developers of a community of this size and density will be achieving aspirations as regards to space. Again, this is likely to be an issue for everyone, but disabled people are likely to find space restrictions

Table 4 Wheelchair use projections and housing need[1]

	Population	Estimated no. of wheelchair users[2]	Likely to be inadequately housed[3]
York	177,400	3,016	1,206
New Osbaldwick	1,250	21	?

[1] *Based on analysis presented in Papworth Trust* et al*., 2001.*
[2] *Based on 'default' proportion of 1.7 per cent.*
[3] *Based on findings from pilots in three local authority areas.*

particularly problematic. Blind and visually impaired people, for example, may need room to accommodate a guide dog, space to house a Brailler, and (in common with other groups) provision for a carer to stay on occasion (Derbyshire, 1998). Disabled children's families have been found to lack space for necessary equipment and therapy, and for children to play and develop without unnecessary restriction (Oldman and Beresford, 1998; Allen, forthcoming). These needs for space extend to the external living areas too: fenced (and accessible) rear gardens, for example, are important to guide dog owners and to children whose impairments make safety a paramount concern.

Relevance to New Osbaldwick

The master plan for New Osbaldwick suggests that the design of the village aims to be inclusive of 'the particular needs of disabled persons' (PRP, 2000: para. 4.14.01) and states that 'all external areas of the site and buildings will be fully accessible for the needs of disabled persons' (PRP, 2000: para. 4.14.02). If these aspirations are to be realised, it will be necessary to:

- Treat recommended standards as a minimum threshold not an optimum target. In particular, make some of the housing provision on the site 'fully wheelchair friendly' and take account of those impairments and/or features not fully reflected in LTH (Lifetime Homes) standards (for example, sensory loss needs, garden design).
- Wade through the detail of available 'good practice' guidelines, investing the time and effort required to arrive at the optimal solution and using consultants/consultation where appropriate, for example, to balance the needs of different groups.
- Consider the possible impact of future management of the site carefully from the perspective of those with impairments. As well as issues relating to the external environment and its services, this might include, for example, recognising the needs of disabled people for additional space in determining future allocation policies for the social rented stock.

Peer support and personal assistance

Numerous studies have shown that disabled people value the opportunity to live in ordinary homes in the community. However, the literature also suggests that if they are not adequately supported to interact with that community, they may experience loneliness and isolation (Simons and Ward, 1997; Douglas *et al.*, 1998; Warner *et al.*, 1998) and may even be vulnerable to harassment and victimisation (Harker and King, 1999; Stone, 2001).

The shared living arrangements that have been commonly used in supported housing can be one way of addressing these issues and ensuring a network of contact with others with similar needs (Cooper *et al.*, 1995; Adams and Wilson, 1996). Similarly, developments within residential care have moved towards recognising the needs of people to interact with the localities outside their institution (Cole *et al.*, 2000). However, these types of living arrangements do not suit everybody and for some people, having their own front door is one of the cornerstones of their housing aspirations (Collins, 1996; Values into Action, 1998).

Interestingly, evidence suggests that for those disabled people wanting self-contained housing, getting suitable accommodation is their first priority, to be followed by negotiations over support services (Hudson *et al.*, 1996). This runs counter to the assumptions of both 'community care' assessment processes (which see accommodation issues as a subsidiary factor) and housing allocation procedures (which assume people are 'poised to move' and thus take little account of people who require extra support to establish and sustain a tenancy). This conflict may provide one explanation of why the statutory services do not always find it easy to arrive at the joint working arrangements that allow people's aspirations to be realised (Arblaster *et al.*, 1996).

Moreover, building links in a community (and therefore developing 'natural' support systems) is not an easy process. It needs preparation and planning, and may well require paid staff to devote time, deliberate action, persistence and creative thinking to the issue (Cole *et al.*, 2000). It may also require a change in mindset amongst those traditionally involved in community development, who can potentially play a crucial role in facilitating dialogue, integration and mutual support (Barr *et al.*, 2001; Quilgars, forthcoming).

A number of studies have highlighted schemes that are able to provide flexible support into ordinary housing and thus assist with involvement in communities of locality and of interest (Dwelly, 1999; Quilgars, 2000). Specific evaluations of the Connections service (for people with acquired brain injury), the HomeLink scheme (for people with mental health problems), and the KeyRing model (for people with learning difficulties) have demonstrated the effectiveness of such support in enabling disabled people to make links both in the geographical community in which they live and with other people with similar needs (Cunningham *et al.*, 1998; Quilgars, 1998; Simons, 1998).

Such services are complementary to other services (they may or may not sit alongside a 'care package') and they can bring added flexibility to help address people's practical, social and emotional needs. Importantly, they can also be a source of

reassurance and support to other members of the community. Here again, however, they require careful planning and a lead-in time that recognises the complexity of what is involved, and achieves the commitment of statutory services (Warner *et al.*, 1998; Harker and King, 1999). All too often, the timescales of the availability of accommodation and the organisation of a supported living service do not tally. This may result in disabled people being channelled into 'difficult' neighbourhoods where turnover is higher but integration more challenging to achieve (Simons, 1998). Nevertheless, there are some instances of where this has been possible: for example, due to the intervention of local disability housing services (Shaw, 1999).

Finally, the Foundation has supported a large amount of work highlighting the potential of Direct Payments as a means of supporting individuals in a way that is in tune with their own agendas and concerns. The evidence suggests they can bring a range of benefits in terms of choice and control, but they are complex to introduce, and again require careful preparation and planning (Hasler *et al.*, 1999; Dawson, 2000).

Relevance to New Osbaldwick

The need for peer support and, if necessary, personal assistance for all disabled people, irrespective of age or impairment, should be recognised in the overall planning of services and living arrangements at New Osbaldwick. Of course, this is rather easier to say than it is to deliver! Nevertheless, the evidence discussed above suggests that there are some concrete ways in which this could be moved forward.

Firstly, and significantly, the timescale of constructing a new development of this scale offers the prospect of coinciding with the preparation and planning required to establish the range of services described above, all of which have been the subject of positive evaluation. Moreover, the sort of projections outlined in the section on prevalence of impairment suggest that such models (typically catering for six to twelve people, only some of whom will have severe levels of impairment) would not be out of place in a development of this size.

Pursuing this would obviously require collaboration with those who might provide such a service (assuming that the Housing Trust's involvement would end with the provision of bricks and mortar), and with the statutory authorities. However, there are reasons to believe that doors may be open:

- In its housing strategy statement, York Council has indicated its desire to develop systems of greater support within tenancies, and specifically

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identifies the local need for clusters of self-contained flats with outreach
support arrangements for people with mental health needs.

- The local authority is also in the process of considering its response to
'Valuing People' (DoH, 2001), the policy framework addressing services to
people with learning difficulties. Living options will be part of this agenda, and
again a support provider (KeyRing) is known to be interested in developing a
locally-based service in York.

Secondly, the needs of disabled people for peer support and community
engagement need to be fully reflected in whatever community development
arrangements are put in place for New Osbaldwick. As with disabled people's
information requirements, the community building potentially has a crucial role to
play. If appropriately designed and equipped, it could provide meeting space for
self-help groups and peer support networks; its management (and staffing, if
any) could be encouraged to adopt a fully inclusive approach to disabled people;
and it could even provide a local base for community support services.

Accessible transport, equipment and adaptations

Whatever the achievements of the site in terms of inclusivity, it is obviously unlikely
that a site of 540 dwellings will be able to sustain all the facilities disabled people
might need. Access to suitable transport is therefore going to be crucial, and there is
a growing body of work around disabled people's transport concerns and aspirations,
detailed consideration of which in this review has been prohibited by time
constraints.

Certainly, disabled people are likely to benefit from proximity to, or a ready means of
accessing, shops, amenities, health care and other services, as well as their own
support networks. Much will depend on the configuration of facilities not only on the
site, but also in the surrounding area, and indeed in York more generally.

Within or near to the development, disabled people may well benefit from access to
a mobility scooter. For trips further afield, they may well be particularly likely to
benefit from any car-sharing arrangements that are developed.

Similarly, whatever the achievements of the housing stock in terms of achieving
accessibility, adaptations that cater for the *individual* requirements of *individual*
people will still be necessary. Indeed, this is both their strength and their weakness
(Heywood, 2001). Thought needs to be given to how such alterations can be
effectively installed *and* effectively reused, anticipating the issue of new government

guidance on adaptations in 2003. The early identification of disabled people moving onto the site, for example, could help to maximise the prospect of incorporating their requirements at the time of installing fixtures and fittings. Disability Housing Registers are an important way of ensuring that the value of accessible housing is maximised and reused to the benefit of others (Shaw, 1999).

Relevance to New Osbaldwick

The need for accessible and appropriate transport that will allow disabled people to access the services and facilities they need will be central to making New Osbaldwick an appropriate setting in which to live. Local groups (see Appendix, section 1) are likely to be an invaluable resource in advising on this.

Accessible housing is a valuable and scarce resource. Early consideration should be given to how it can best be utilised in the future. For example, establishing an initial database of the accessibility of dwellings on the site (in all tenures) could be a useful starting point for any database. A locally-based housing association (Tuke) is known to be considering plans for developing a Home Improvement Agency including a Disability Housing Register. An early dialogue with them might be the best way of ensuring this opportunity is not missed.

6 New Osbaldwick: an inclusive community?

New Osbaldwick offers the exciting prospect of being a new community that is truly inclusive of the needs and aspirations of disabled people. The following suggestions are put forward as key factors and are drawn from discussion in the previous sections.

Summary of recommendations

- Ensure that the development process itself gives disabled people full access to information, consultation and participation.

- Take full account of disabled people's needs to be able to access information in the built form and in community facilities.

- Make disabled people aware of the housing options available through specific, targeted marketing.

- Use recommended access and space standards as *minimum* thresholds not *optimum* targets.

- Invest time and effort in considering the detail, making maximum use of available expertise (including that held by local disabled people).

- For all design issues, consider the impact of future management requirements/ arrangements on disabled people.

- Take advantage of the timescale to coincide with planning for services to help integrate disabled people's lives within the community.

- Ensure that the needs of disabled people are fully reflected in plans and arrangements for community development.

- Consider now how the inclusive nature of the site and development could be reused for future generations.

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Note

References marked with * contain detailed guidance.

Appendix

1 Local contacts

York Disabled Persons Advisory Group (advises City of York Council executive)	01904 613161 ext 1029
York Society for the Blind & Partially-sighted	01904 636269
York Council for Voluntary Service	01904 621133
York and District Deaf Society	01904 623459
Mencap (York)	01904 627406
York Access Group	01904 792023
York People First	01904 431313
York DIAC (Disability Information and Advice Centre)	01904 638467

2 Regional contacts

The Centre for Accessible Environment's accredited consultant with a remit for developing services in the North of England is based in West Yorkshire. Her details are:

Alison Grant MA, RIBA, NRAC Access Consultant
e-mail: Alison.grant@cae.org.uk

3 Sources of help re home ownership for disabled people

'Make your move' video: a resource for people with learning difficulties, available from:

Values into Action: 020 7729 5436

Ownership Options: a Scotland-based advice service for disabled people. They are currently working to translate some of their guidance material into an English context with:

HoDis (National Disabled Persons Housing Service Ltd): 01904 653888

Housing Options: advisory and consultancy service for people with learning difficulties offered by:

Housing & Support Partnership: 01962 890702