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ACCESSIBLE ENVIRONMENTS (winter)

Sports are generally considered in South Africa as high on our list of things we like to do, and take an interest in. If the Sharks have won of a weekend, the whole of Durban is light hearted. And now disabled people are venturing into mainstream sports, and celebrating the integration. There has even been an approach made to allow non disabled people to participate in wheelchair basketball. Why not?

Sports these days, and even long ago, are a togetherness thing where the enthusiastic spectators are just as important as the players. Home games are a definite advantage, not so much because you know the venue, but because your supporters are there in bigger numbers.

Stadiums are complicated buildings. They've become multi purpose too, and are used for political rallies, funerals, concerts and imbisos. When disabled people attend functions at these places they have the same social needs as anyone else. It is one of the places anyone is likely to go to in a group. It is bizarre to think that it is perceived that vision impaired people will go with other vision impaired people, or wheelchair users attend with other wheelchair users. Not that they won't have friends or family with the same impairment, but given the demographics of society probably not. However from a safety angle it is often dealt with as a group that will be accommodated together. Even at the All England Tennis at Wimbledon, there's a spot just to the left at the bottom below the royal box, for the wheelchair users! At Kingsmead in Durban there's a special front row on the North West side just for wheelchair users. There's no special spot for blind people, or pregnant women, or 10 year olds or people with ambulatory problems. Perhaps it is because it is presumed by the safety officers that all these vulnerable people will have the sense to attend with someone who would assist them if there was an emergency. It is my contention that this applies to wheelchair users too, and that it is extremely condescending to segregate them out of the mainstream with this patronizing approach.

Don't say "what else can be done?" because with a little thought integration can be achieved. With indoor arenas, the main thrust of the safety management in an emergency is to get the people into refuge areas. These are areas, such as fire escapes, which are separately ventilated with fire doors, and thus considered safe from fire and/or smoke for a certain period of time, usually 120 minutes. These staircases should be wide enough anyway for 2 way traffic; so if there is a slow mover on the way down, another person can pass, and also if a fireman needs to go back up he does not stop the flow. If an evacuee cannot do stairs, he/she remains on the top landing, which becomes a refuge area. So the crux of this is that the top and all landings at floor levels should be made larger to become a 'refuge area'. Then people can be ferried down in Evac chairs or some such.

The other interesting tool which is used in these sort of emergencies is for each of the exits to have a high pitched beeper. These can be activated so that only the exits which are safe to use function in a particular situation. This is very useful for able bodied people too, which is the whole idea behind these 'devices', in that they are not dedicated only for permanently disabled people, but enhance the safety and usability for everyone. Many people faint, get confused, lose their sense of direction, or have a panic attack in an emergency, so the 'disabled' contingent becomes much larger than expected.

Often the actual demographics of the disability sector are used as a means of assessing the importance of providing facilities for disabled people. I am always conscious of the fact that there are many people every day who are temporarily disabled and add to this number.

From a recent document published in UK relating to marine guidance on meeting the needs of Persons with Reduced Mobility, "People with physical and sensory disabilities make up one in five

of the UK population. One in five of these is of working age. In addition one in seven people at any one time may experience significant mental health problems. Of disabled people overall, in broad terms:

- 70% have difficulty walking and/or climbing steps;
- 41% have hearing loss
- 24% have vision loss.

I would estimate that many South Africans of working age have been affected by the AIDS epidemic, so perhaps our percentages are slightly different, but it does give a perspective to the issue.

“Those who would sacrifice liberty for safety, deserve neither” Benjamin Franklin

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