GETTING THERE
A Guide to Accessibility for Your Facility
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GETTING THERE
A Guide to Accessibility for Your Facility

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I. Approach

"Now, where do you think the wheelchair wants to sit?"

"We don't have any place to put you where you will not be in the way."

"We can not serve you; in case of fire, you could not get out."

"Thank God that is not me!"

"And here is the children's menu for you."

These remarks were addressed to a particular group of people in a specific setting. The setting was a restaurant and the individuals addressed were in wheelchairs. One woman realized that she was ignored; the waiter was talking to her wheelchair. Another disabled person was hurt and angered; he did not want to be turned away. He was not a living fire hazard. The fourth remark suggests that the person making it harbors fears about disability, and the last quote raises an important point: Handicapped people are not children all of their lives. Like everyone else, they grow up and become adults, and expect to be treated accordingly.

We heard these comments from disabled people who were telling us about their experiences. Interviews with these people were to be used in developing a guide for achieving better accessibility in existing facilities.

From our interviews and our literature search, we realized that what is most needed is a more humane way of looking at accessibility. While it is important to know about turning radii and grab bars, certain other issues are equally important. What about the human attitudes and fears embedded in the physical environment that disabled people must confront day in and day out?

Indeed, what about our attitudes toward disability and disabled people that keep us from planning for them as we would plan for anyone else? The world we live in is laden with preconceptions that we all perpetuate. The people quoted at the beginning of this preface were not deliberately harassing or embarrassing handicapped people. Some probably thought that they were acting with the best of intentions. Yet the attitudes expressed show that we automatically do not extend to disabled people the same privileges for using the environment that we do to others.

Thus, accessibility is both a physical and social issue, and these aspects are intertwined. A good physical design will not turn handicapped people into children, nor turn them into a spectacle stigmatizing them, nor hide them away in a corner. A good physical design is a good design for everyone. To achieve accessible facilities, we must discard any of our taken-for-granted attitudes that will hinder our well meant efforts so we may provide better places for all of us.

What we have developed here is a guide for better physical accessibility that also recognizes the need for understanding the social implications of identifying and solving the problem. This guide is meant to assist people to evaluate environments in which they work and serve others. The guide is for everyone’s use—expert or not. It is most productive (and fun to use) when the able-bodied and those who have handicaps use it together. It's a perfect device for pairing up. In case there are no handicapped people around (and this should make you wonder), go and find some.

In using this guide, you will be working from seven assumptions about people and environment:

1. Accessibility means a better environment for everyone.

2. Although the result is physical change, working for better accessibility is primarily a human problem. Its subject is people. It is essential to think of the environment in terms of people using it to accomplish something.

3. In approaching the issue of better accessibility in an existing facility, people should respect the facility as well as its users. A facility represents a process and good intentions. In changing it, one must be respectful of the way it came to be and of the way it is being used currently.

4. You know more about your facility than anyone else. This guide is meant to assist you in looking at your facility.

5. Caring about accessibility is not a one-shot or mechanical operation. It means ongoing, self-conscious involvement in a participatory process.

6. Those working for better accessibility must become aware of their taken-for-granted use of an environment before they can understand the barriers confronting handicapped people.

7. There is more than one solution to a problem. This guide is meant to help you make informed choices.
II. How to Use This Guide

The goal of this guide is to achieve better physical accessibility in existing facilities. It is to be used by management, staff, or designers, working with handicapped consultants, to go through a facility to identify what is inaccessible.

The guide does not emphasize the areas of mechanical accessibility nor special problems of accessibility. There is a growing literature on disability and accessibility that includes almost every aspect of these topics. Much of this material deals with the physical size of the area required to maneuver a wheelchair; we do not need to repeat this kind of information. Also, many of the issues of accessibility, like safety and transportation, have been subjects of research, and there is an expanding literature about these special problems. This guide, directed to physical accessibility and its psycho-social aspect, is to be used in conjunction with the existing mechanical guides and the guides for special problems.

Basic to this guide is that it regards and treats existing facilities with respect. Every facility has its own physical arrangement and social history that give it a unique character. Many are like old friends. Because each facility is unique, it is difficult to furnish stock physical and social solutions for accessibility that will meaningfully adapt to all situations. All rest rooms are not alike as all entrances to buildings are not alike. The guide stresses the incorporation of the unique features of existing facilities into the process of planning for better accessibility.

The guide lays out a procedure for looking at a facility to itemize what has to be done to achieve better accessibility. The purpose of the procedure and the guide is to make us more sensitive to how an existing facility is inaccessible. By itemizing what has to be done, the procedure helps establish priorities and decide what changes are essential.

What follows in this section is an outline of the procedure for analyzing your facility.

Settings, Techniques, Options

Settings

We have talked with many handicapped people and have visited facilities with them. From this, we have identified some basic human situations that all of us encounter in the ordinary everyday world, and the settings in which they take place.

Every facility is a collection of settings. To see a play, a person has to enter the theater and locate the auditorium. They then find a place to sit. A theater, then, has two settings: entering the building and watching the performance.

We have selected eight settings that are common to many facilities. These are not meant to be inclusive, but are characteristic of typical situations that a handicapped person as well as an able-bodied person has to confront in everyday living. In most facilities, grouping a number of these settings together will result in a complete facility. The eight typical settings are:

1. Arriving: the setting involved in getting to, into and out of a facility.
2. Processing: the setting used in completing bureaucratic activities.
3. Trusting: the setting in which a person entrusts some aspect of their body or psyche to another person, as in a medical examining room or a dental office.
4. Engaging: the setting in which people interact with objects, as in viewing artwork in a museum, browsing in a library, or shopping for something.
5. Attending: the setting in which an event, performance or lecture is given.
6. Playing: the setting arranged for some physical activity done for pleasure, competition or physical well-being.
7. Maintaining: the setting in which the body is taken care of, such as bathroom activities, hot tubbing or grooming.
8. Sustaining: the setting arranged for meeting other essential physical needs, like sleeping, resting, or eating.

There are two aspects to every setting: the environmental and the psycho-social. Let’s define these terms.

Equipmental

By “setting” we mean a collection of physical equipment in a place that enables you and me to do something—to accomplish a goal. By
“equipment” we mean all the hardware, furnishings, architectural features and objects. But in existing facilities, many settings are inaccessible to the handicapped. For anyone to use this equipment, the individual items must work together in the step by step process of accomplishing some goal. For example, for a rest room to work for a person in a wheelchair, that person must be able to enter it; find a path wide enough to reach the accessible stall; be able to enter, use and leave the stall; be able to use the wash basin, the faucets, the soap, the paper towels, the trash receptacle for the used towels; and have the opportunity of looking in a mirror. In the rest room, all these separate items of equipment should work together in the process of using the setting.

Psycho-social

The psycho-social aspect of a setting is the collection of meanings attributed to the equipment. In a rest room, for example, the choice of equipment may raise unpleasant associations (a painful stay in a hospital) and/or not allow dignified use. Such negative connotations can render the facility socially or psychologically inaccessible. In looking at the setting, you must consider the psycho-social meanings users will attribute to it.

The equipment and psycho-social aspects of the setting are interrelated. Returning to the rest room, if all the equipment were arranged so that it could be easily used, the setting would still remain psychologically inaccessible if hospital equipment were installed. On the other hand, the psycho-social meanings could be appropriate, but the step by step use of the individual items of equipment overlooked. In looking at a facility to determine what alterations are needed for better accessibility, the equipment arrangement in each setting must be examined so that it can be used with ease. And the psycho-social meanings must be considered so that disabled users are not made to feel uncomfortable.

Using the Settings

In the section of this guide titled “Settings” there are eight illustrations, one for each of the situations commonly encountered in various facilities. These basic settings are to be used with handicapped consultants in going through the areas of a facility to discuss and to itemize what is inaccessible.

Each illustration has two parts: an annotated scene and some remarks about the psycho-social implications of the setting. The scene shows typical equipment in a typical setting and illustrates predominantly inaccessible situations for users with various handicaps (people with physical frailties; people in wheelchairs who can use their arms; people in wheelchairs with limited or no use of their arms or upper body; and people with vision and hearing problems). Each scene is inhabited by people, to remind us that facilities and equipment exist for and are used by people.

The main purpose of the remarks that accompany each sketch is to facilitate discussion or thought among those who are analyzing settings in an existing facility. They point out what equipment may be difficult to use; make suggestions for accessible solutions; and summarize some human implications of poor equipment.

Every existing setting will present its own problems. Use the illustrations in a comparative manner. Look at the part of the facility you are in to identify the type of setting you are confronting. Is it Arriving, Trusting, perhaps Attending? After you have identified the kind of setting you are in, use the illustration to help you find the inaccessible features. Questions like the following should be asked: How does the reception area in the Processing setting compare with the reception area we have and what improvements does the illustration suggest? What design issues are raised about this environment?

Perhaps your setting is not included among the illustrations provided. In that case, use your experience along with the various illustrations to help identify the inaccessible features in the setting you are confronting. Or you might have to consult special guides if your setting is exceptional.

It is very helpful to make your own illustrations as you look at the existing facility. Photograph or sketch the existing settings; itemize the inaccessible features. Use two aspects, the equipment and the psycho-social.

Techniques

Handicapped people have only recently begun to play an active role in the ordinary, everyday world the rest of us are quite used to. Consequently, the people who work in and use any facilities are not accustomed to seeing and dealing with them. Likewise, handicapped people are not familiar with certain facilities. In looking at a facility with handicapped consultants who are future users, many issues will arise. “What do I say to a handicapped person?” Or, “What do I as a person with a handicap say to the able-bodied?” Many of our taken-for-granted fears, attitudes, preconceptions and misconceptions will arise in looking at the facility together.

From our experiences and from the experiences of others in looking at facilities with handicapped people, we have identified seven techniques
which can be used in getting to the heart of the matter.
A. Analogy. Often it is difficult for people to jump right in to talk about the setting in front of them. Ask those present to tell what the setting reminds them of. Their resulting analogies will be very helpful in identifying the problem and the solution.
B. Role Taking. Both able-bodied and handicapped people can step into each other's shoes to see how the other views the setting.
C. Biography. Try to understand where the other person is coming from; what experiences have given them their point of view.
D. Self Image. We all have an individual interpretation of our capabilities, and this is related to how we would like others to see us. Self image affects how people will use an environment.
E. Projection. People have a tendency to attribute to other people and to the environment what is actually within themselves. To get a clear view of the setting, you should be sure that you are not looking at your own projections.
F. Labelling. The society we live in tends to apply definitions to certain social groups, and these definitions limit their ability to be seen as whole people. In looking at a setting, you must be careful that you are not unconsciously labelling its future disabled users.
G. Masking. In doing a job or receiving a service, everyone may have more than one intention. If these are not clear, they can jeopardize the success of the overt goal.

The techniques will be helpful at two stages in the process of looking at a facility. Before going out to examine your facility, time should be spent with the disabled consultants to discuss what it means to be handicapped and to talk about some of the typical attitudinal situations the consultants have experienced. During this exchange, something will be learned about biographies and self images. Taken-for-granted attitudes, fears, and preconceptions will begin to surface. Labels and projections can then be discussed.

The second stage at which the techniques are most helpful is the stage of actually going through the facility to identify its inaccessible features. Analogies and role taking can be utilized immediately; biographies and self images will have more impact when tied to the settings; projection, labelling, and masking will be useful in sorting out problems that might arise during the analysis.

Options

After the settings of a facility have been identified and the inaccessible features noted, the problem of what to change and how to change it will come up. The list of inaccessible features will suggest possible solutions, such as items of equipment that must be moved or physical barriers that should be removed. In considering possible solutions for greater accessibility, you may find that the most expensive solution is not necessarily the best. In judging the value of a possible solution, we offer three ways of assessing it that are based outside the usual direct-cost approach. These are:
1. Inventive. Many disabled people have designed and executed their own tools for managing movement and for performing tasks. Manufacturers are also beginning to mass produce various devices. In this category we will illustrate a few of these tools and mechanisms, such as the stick many people carry to push elevator buttons.
2. Provocative. Alterations to the physical environment that are meant for the disabled user can function in other ways for other people. Provocative solutions are those that have more than one primary or intended purpose and contribute in more than one way to a setting. An example is an adjustable examination table. Such a table makes it easier for a disabled person to get on it and is also useful for examining children who are afraid of heights.
3. Interactive. Some solutions to accessibility will enrich the social situation of the setting for both the able-bodied and the handicapped by providing for better social interaction. Fixed row seating, for example, makes it difficult for a disabled person to join others. With a more informal arrangement, it is possible for a disabled person to have a seating choice and to have more opportunities to converse with others.

In the Options section we also show some examples of the costs of various solutions. These range from 13 cents to considerable sums of money. We do have more options than we think we have.

Procedure

This guide will not tell you everything you need to know. It is to be used with other guides that furnish additional information. The primary guide that complements this one is the publication from the Office of the State Architect of California, Access to Public Buildings by Physically Handicapped Persons, which includes all the regulations and standards for making facilities accessible in the state of California. Keep it in front of you.

Now you are ready to tackle your facility. The following steps are recommended.
1. Begin with people. When you start looking at the existing facility, use people who work in and frequent the facility as well as the expertise provided by designers, specialists in accessibility and, most important,
III. Working Guide

Settings: The Environment in Which It Happens

This section is comprised of eight illustrations of settings, many of which can probably be found in your facility. Use the appropriate illustration as a visual and conceptual aid to your particular setting. The features shown in the illustration exist in one form or another within your settings. Work from the illustration to the setting: contrast the accessible and inaccessible features with those in your own setting.
1. Arriving

THE DIRECTORY IS IN A HAZARDOUS PLACE.

CURB CUT, GOOD!

EACH HEAVY DOOR IS HARD TO MANAGE.

GLASS DOORS ARE A PROBLEM.

DEFINING AREAS BY TEXTURES MAKES SEATING AREA EASY TO FIND BY THE BLIND.

THREE CHAIRS DIFFICULT FOR MOST PEOPLE AND HELL FOR PEOPLE WITH BAD BACKS.

OBJECTS PLACED IN INAPPROPRIATE PLACES ARE HAZARDOUS.

NO WARNING FOR ESCALATOR DESCENT.

HANDRAILS
Psychosocial Context

1. People are a resource. A main requirement in arriving is to be able to follow the flow of pedestrians, whose presence and perhaps prior knowledge of the setting will give valuable information or who will act as informants if you get stuck.

2. A visual connection between transportation and main entrance is imperative. Otherwise, there is potentially disorientation and a misuse of one's precious energy.

3. The main entrance is for all people. There is a loss of dignity if the disabled person can't use it in a self-sufficient way.

4. A setting for arriving is usually filled with people with individual agendas. It is especially important that there be multiple ways for those who are blind or deaf or motor impaired to understand how to get around and reach their destinations. A visible signage, directional aids to major access functions—elevators, stairs, escalators—are helpful aids.

5. Since some individuals may be there for the first time, pedestrian areas should not be cluttered with arbitrarily placed items—for they can cause embarrassment and injury to those who stumble over them.

6. Persons with a physical handicap may become especially anxious and confused if trapped in a public place by some personal emergency they cannot handle alone. If no arrangement can be made for face-to-face contact with an employee, such as at an information desk, there should be a well-marked, accessible house telephone.
2. Processing

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1. Typically, there are multiple tasks confronting an individual being processed: waiting, lining up, filling out forms, exchanges of information verbally with the processors. Any one or all of these can be difficult or impossible for someone who is blind, hearing impaired or without motor control. Be sure each step of your process is checked for bias.

2. Scheduling appointments with disabled individuals avoids their having to wait and can ensure that whoever processes them will know in advance what may be required, for example, an interpreter for the deaf; written material in braille for a blind person who reads braille; an accessible reception room for someone in a wheelchair. Knowing in advance when, where and how one’s needs will be met relieves feelings of anxiety for everyone.

3. There should be a special window for those who may find it physically difficult to wait in line for service. Those who are frail are easily exhausted.

4. Equipment built for able-bodied people doesn’t always work for someone with a disability. Psychologically, it is important that everyone be able to manipulate the environment in the same ways; there should not be some who must always adjust to it.

5. Those who process others must be allowed to interact with each person on his or her terms—and not have the interaction rigidly constrained, as in the windows in the setting.

6. All directional signs and signals (especially for emergency procedures) must be accessible to the deaf and blind, or a reliable alternative must take their place.

7. Disabled people, especially those whose bodies are frail (quadriplegics, for example), will often feel vulnerable in a busy public space. See what you can do to your setting to make it more protective!
4. Engaging

DIFFERENTIATED LIGHTING HELPS DESCRIBE SPECIAL FEATURES FOR PEOPLE WITH POOR EYESIGHT.

TEXTURED WALLS AND CONTRASTING COLORS GIVE SPATIAL CLUES TO THOSE WITH POOR EYESIGHT.

SOME FEATURES ARE DESIGNED THROUGH TOUCHING.

HANDRAILS FOR THOSE WHO MUST STAND BUT NEED SUPPORT.

INFORMATION IN BRAILLE.

DURABLE MODERN CHAIRS.

ALTERNATIVE WAYS OF VISITING THE COLLECTION FOR THOSE WHO HAVE SIGHT AND/OR HEARING IMPAIRMENT.

MUSEUM GIFT AND BOOK STORE.

LITTLE TOUCHES LIKE WHOOPING AT A VISIT CAN INDICATE THE LOCATION OF THE CASHIER.

FILE CARRIER MAKES IT IMPOSSIBLE FOR THOSE IN WHEELCHAIRS.
1. Settings for engaging should be considered in terms of individuals acting alone and people interacting in pairs or small groups. A visit to a museum or an art gallery is often a social occasion. Therefore, viewing the exhibits should be thought of as something people do together, an act around which they may share feelings, exchange ideas and extend care to one another.

2. Most exhibits are set up with the sighted in mind as participants and this deprives those with sight impairments of direct participation—even though someone may read to them a description of the work exhibited. The use of braille, raised lettering and works which can be experienced through touch would change the situation in favor of those with special needs.

3. Many individuals with a physical handicap are perfectly capable of walking (and don’t appear to have a handicap), but in fact can’t experience the strain of standing for long periods unassisted. Hand rails to lean upon and lightweight movable seats for impromptu seating arrangements ensures that everyone can take part on their own terms.

4. In large spaces definition can be given to the environment and its special offerings by painting walls contrasting colors and by using lighting for definition of special features. These kinds of spatial definitions assist those with sight impairments in a functional way but also in aesthetic terms: a more coherent visual experience which enhances the individual’s appreciation of the environment’s design.

5. In environments in which people are expected to be very much on their own—such as a museum or other exhibits—make sure that personnel are clearly in view from the entrance. Knowing in advance that someone is present to assist will encourage those with physical handicaps to make use of the setting and what it has to offer.
5. Attending

A FA SYSTEM MUST BE IN PLACE FOR A MANDATORY TREATMENT. A PERSON WITH DISABILITY SHOULD BE ACCOMPANYING THE BLIND IN FINDING SEATINGS.

Hand rails with alarm bells in brass will alert those who need assistance. A variety of public chairs is fit.

There should be a variety of public chairs to sit.

Handrails with emergency in brass will alert those who need assistance. Finding seating.

Contrasting colors, strips of textured materials, textured edges are safer for the blind and partially sighted.

All alarm devices and signals should indicate people who can't hear or speak. Standing may be warned of danger.

Contrasting colors, strips of textured material, textured edges are safer for the blind and partially sighted.

Have extra movable chairs for people who attend together but who have different seating needs can sit together.

Some seating should be removed to allow disabled people to sit in a variety of locations throughout the auditorium with their able-bodied friends.

For those who wish to sit with their friends, wheelchair comfort and a sloping aisle has non-skid surface.

This approach to the stands allows emergency in brass to indicate that people in wheelchair have nothing to say they do.

Exit.
1. There is little choice in seating for those who use a wheelchair. Sitting at the rear or up front segregates these users and may cause them to feel excluded or attending by special permission.

2. If there are no options for a wheelchair user and friends to sit together, it may cause one to feel isolated; it also diminishes the quality of the social occasion.

3. If directional signs are not clearly visible or emergency signals not both visible and auditory (for the deaf), it may raise anxiety and distract attention away from the occasion.

4. When the speaker's podium is not accessible to a wheelchair user, the message is inadvertently conveyed that people with a motor disability are not capable of performing in this setting.

5. If there are no kick plates on the emergency doors, it may raise anxiety and a feeling of helplessness for wheelchair users as to whether or not the door has been designed for them to exit unassisted in an emergency.
Each of the techniques in this section is, in a different way, a good way to begin a conversation about how people experience the facility under discussion. In essence, each technique is a psychological mechanism used in everyday conversation. We often say “Put yourself in my shoes”, to urge another to see the situation as we ourselves see it. Or we often feel we would tell someone a bit about our background, or biography, in order that they will understand our feelings about a certain subject. With this in mind, you should be able to readily adapt the concept of each technique to your own way of conversing with others.

A sketch illustrates an essential point to be made for each technique.
B. Role Taking

Taking the role of the other is something all of us do quite naturally. You do it all the time. In ordinary conversations and everyday interactions with others, you take on the other's perspective in order to respond to what is being said and to make sense out of what is going on. In this process, you spend time trying to understand what others are thinking and planning so that you can plan your own responses and actions. So, for a disabled person to take the role of an able-bodied person or for an able-bodied person to take the role of a person with a handicap is not as strange as it might at first seem.

Taking the role of the other is a very useful tool in working for better accessibility. The able-bodied person who takes the role of a disabled person will become more sensitive to how a disabled person responds in a setting and to the values and meanings given to equipment in that setting. The process will point out many aspects of accessibility that might not otherwise be acknowledged. For example, in stepping into the shoes of a person in a wheelchair, I would easily see that the setting confronted from the wheelchair is different from the same setting seen while standing up. In pursuing this role taking, I would see that the counter in the sketch is too high. I might also discover that the disabled person must shout to be heard through the glass and that this shouting and the high counter induce feelings of insignificance, a sense of being ignored. I would experience both the physical and the emotional barriers of the setting.

The example points out two aspects of role taking: physical role taking and intentional role taking. To do either, you must be in the presence of the person whose shoes you are stepping into. In physical role taking you put yourself into another person's physical position as he/she responds to the setting. Physical reversal is an imagined body exchange. The able-bodied person doing the role taking pays close attention to the physical reactions of the person with the handicap. This process reveals immediately how inaccessible the physical world is for the handicapped by exposing physical barriers like steps, narrow door ways, or unreachable faucets. It is through physical reversal that I saw that the counter in the sketch was too high. Physical reversal thus points out the inaccessibility of equipment or, in some cases, the absence of necessary equipment, as a surface to write on in the sketch. Physical role taking will also point out the consequences of an inaccessible setting. In the sketch, the very counter that prevents ease of communication with the person behind it also bars many handicapped people from working there.

Physical role taking will not only point out inaccessible features of the setting for the handicapped, but it will also point out many taken-for-
granted or adapted-to aspects of the setting for the able-bodied. For example, the able-bodied person will be made aware of his/her towering presence over the wheelchair, his/her met expectations that door knobs will be where the hand reaches, and that windows will be at the right height. In role taking with a blind person, you will find a world of new richness. The sounds, textures, smells, and other sensations upon which a blind person relies are an enriching part of any environment if you only become more aware of them. Role taking is useful, too, in improving settings for the able-bodied user by pointing out unpleasant elements that are usually ignored. For example, the able-bodied person who stands behind a counter might not like talking down to people and would not do so under other circumstances.

The second part of role taking, the intentional, is the seeing of the setting from the position of the feelings, motivations, experiences, and reasoning of the other person. An intentional role taking requires more effort than a physical reversal. It requires placing your self in the mental state of the other. In making his reversal, you must encounter the emotions, feelings, and mental reactions of the other as he/she acts in the setting. And you must try to identify with these feelings and reactions as if they were your own. Then you will understand what it means to feel and react in a certain way to a given situation. In the example of the counter, it is through intentional reversal that you will understand the feelings of insignificance induced by the counter.

Intentional reversal evokes mutual experiences in working for better accessibility. Both able-bodied and handicapped persons will recall feelings of isolation and helplessness in settings as well as experiences of joy. Intentional reversal is a very powerful tool for identifying and removing superficial blockages to seeing what a setting really means to others.
F. Labelling

Labelling is the application of untested preconceptions about social groups and general situations to individuals and particular situations. It is a routine way of judging and forming opinions. Every society passes down stereotypical conceptions about social groups or events. Since you or I do not have the time or the energy to seek out the unique qualities of every person or situation, we treat many people and situations with an economy of thought and effort—we stereotype them. We then act as if the stereotype or label were accurate. What is problematic about labelling when you are designing for accessibility is that you will not see handicapped people as people; you will see only stereotypical and taken-for-granted preconceptions about them.

Handicapped persons are easily stereotyped. Since people with handicaps have been segregated from the mainstream, all sorts of fabrications exist about them, and there are few people to dispute such information. Consequently, the label “handicapped” when used to stereotype people with disabilities means many things. To some, the label suggests people who are not normal and who should be in institutions because they cannot hold jobs, drive cars or play sports. To others, the label suggests illness or some medical problem best confined to nursing homes or hospitals. To still others, the label connotes a stigma to be kept from public view. All of these label meanings have environmental impact. If you use the label “handicapped” to designate a sick population best housed in a medical facility, you might see an existing setting as permanently inaccessible because it can never be “hospitalized.” Or you might channel your efforts along the lines of turning the setting into a medical environment.

The label “handicapped” is popularly used to lump together a wide range of individual physical and medical conditions that are different. People in wheelchairs repeatedly complain that they are grouped with the mentally retarded. When children, they were taken on trips with the retarded and they were placed in classrooms with the retarded. Other people with handicaps talked about being associated with the aged. At parties they were seated with the older guests even though they were much younger. Behind this act was the label assumption that the aged and the disabled have something in common. They are, however, very different groups with very different environmental needs.

It is easy to see how a label affects accessibility but it is not as easy to see a label in operation. You and I respond to labels and to the people they represent without thinking about it. Labels screen us from constructively and directly looking at the problems of accessibility in a given setting and in
a given situation. We look, rather, at the problems and solutions generated by the label. If you see handicapped people as medical cases, you will approach them and accessibility as a medical problem. Because labels are taken-for-granted social preconceptions, others will support your point of view, but you will have avoided the problem of accessibility by substituting the medical interpretation as generated by the label.

To identify taken-for-granted label assumptions, handicapped consultants are vital. People with handicaps who are acting in the public world have all had to face the consequences of labelling. They will point out the stereotypes that surface in looking at settings. They will also point out what stereotypical images are influencing the solutions for better accessibility in a particular setting. In the sketch, the setting is accessible, but the sign and ramp indicate that labelling continues to segregate handicapped people.

To see through labels, approach consultants and other users of the settings as individuals. To see the handicapped consultants as "handicapped" is to bring to that population all your preconceptions. To see a handicapped person as a person with a handicap is to acknowledge his/her human presence while holding back stereotypical images. In doing this, you confront a person and not a general category.

However, to see the person you will often have to work through the labels. This is another reason for using handicapped consultants. They will help you in this task, as you will help them to work through the stereotypes of being an able-bodied person.

Contact with more than one disabled consultant is necessary. If you do not talk to more than one, you will be inclined to plan for an individual when better accessibility is needed for a variety of handicapped users.
III. Working Guide

Options: Finding Solutions

Not every situation requires major construction to correct. A change may be as simple as moving personnel to a more accessible location. In some cases, you may not find anything on the market expressly designed for your need, which means you might have to invent a solution using material designed for other uses. And when making a correction, keep in mind that it might be incorporated into the environment in a way that makes it less intrusive. Or it might serve more than one purpose.

In this section we offer you three concepts—inventive, provocative and interactive—to pique your imagination.
1. Inventive

Stick

A simple length of wood can be used to extend the reach of those in wheelchairs. It is an inexpensive way of sliding or pushing objects and operating elevator buttons that may be too high.
Cost: about 13 cents per yard length

Rope Handles

Twine or cord may be used on door handles by people with limited use of their hands or arms.
Cost: about $1.59 for a ball of heavy twine

Carpet Padding

The use of carpet as a padding on doors and exposed corners prevents damage from wheelchairs. It makes people in wheelchairs or those who use walkers or crutches feel less like bulls in china shops and so more comfortable and welcome.
Cost: about $2.00 a square foot

Adjustable Fixtures

Adjustable fixtures with their important features such as faucets in the front are accessible to all: tall people, short people, children, the elderly, people in wheelchairs—everyone. As well as being adjustable, fixtures should be easy and simple to operate, such as having a single lever for hot and cold for those with limited strength.
Cost: varies with kind and type of fixture and with the particular structural characteristics of the facility
2. Provocative

Alarm Concealed in Graphics

Graphics may be used both to conceal and to make friendly and familiar alarm devices and other mechanical equipment which may be hostile to children and create feelings of fear and helplessness in disabled people. When installing alarm systems be sure that those with sight, hearing and/or speech limitations will get the signal.

Cost: varies with type of device

Ramp with Sunning Area

A ramp is of course used as a means of access for people in wheelchairs. It is also a place to meet and, placed on the south side of a building, a place for sunning. Because of the expense of installing a ramp, significant attention should be placed on its many possible uses as a means of access, a deck for meeting and sunning, an informal means of security and so on.

Cost: $200.00 per linear foot of a 1 to 22 or 1 to 12 sloping concrete ramp with wood or steel railings
3. Interactive

Rearrangement

BEFORE

AFTER

With thoughtfulness and a disabled consultant or two, many rearrangements of office furniture, equipment, trash receptacles and so on can result in a facility that is not only easier for a disabled person to use, but one that is easier to use for everyone. In the example above, a desk and seating have been moved around to allow convenient access to a person in a wheelchair.

Cost: nothing except the expense of consultants and the maintenance crew to move furniture

Lowering the Counter

Lowering counter tops over which people conduct their business eases the communication for completing a bureaucratic process. It is easier for the person working at the counter to assist the other person in completing forms or, if he/she is handicapped, to assist in reaching for items like wallets or pens. It also allows for people in wheelchairs to work behind the counter.

Cost: about $50.00 a linear foot; nothing, if rearrangement brings this about with the placement of a desk to serve as a counter
Appendix B

Method and Theory

Method

In the preparation of this guide to making your environment accessible, two groups of disabled consultants, representing various disabilities, were selected. One group of consultants was based in the Sacramento area with its high density of available state facilities. This group was used for site visits. The sites were selected by the Department of Vocational Rehabilitation in accordance with our preliminary setting classifications. The actual sites were unfamiliar to the authors, so that we could be objective in the site evaluations.

The sites were visited by members of the research staff and one or two handicapped consultants. The visits lasted one afternoon per site. We used the technique we call "interview in place", which draws upon the immediate environment as a variable in the interview.

A second group of consultants was based in Berkeley. These people were individually engaged for weekly interviews to check, compare, and add to the data obtained on the site visits. Two Berkeley consultants were new to the area so we could obtain first hand reactions to barriers. One consultant, Susan O'Hara, was particularly helpful in checking all data.

All consultants were recommended by organizations advocating independent life styles for the handicapped. Thus, the consultants functioned as experienced informants since their biographies are marked by efforts to live independent and resourceful lives in the mainstream.

Once the data were organized in a format, they were returned to the consultants and sent to groups and agencies for outside opinions.

Theory

The theory base selected was that called Symbolic Interactionism in psychosociology and Everyday Studies in sociology. The primary text that presents the position is:

Symbolic Interactionism
Herbert Blumer
Prentice-Hall: New Jersey, 1969

The basic position of symbolic interactionism is that people, in acting in the world, give meaning to that world; that is, they give value to themselves, to others, and to the physical objects with which they interact. The Blumer text provided the basic concepts of a sensitizing orientation and of taking the role of the other, fundamental to the position. Derived from this were labelling, projection, analogy, biography and role taking.

The concept of layers (what we have for convenience called "techniques") and particularly labelling and the acquisition of social knowledge from social interaction is adapted from and developed in:

The Social Construction of Reality
Peter Berger and Thomas Luckmann

... read more on this text...