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The Politics of Disablement: A Review on Issues Pertaining to Access for All to Public Spaces

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ABSTRACT

Everyday, across the globe, politics of inclusion and exclusion take place in living spaces which are designed with the normate template in mind. This template spells out the standard measurements into which a "normal" able bodied person can operate in. This template solely refers to the implicit, often unconscious model of a privileged, able bodied individual. The assumption is that everyone has to fit and behave in a manner that befits the given space. Consideration of the normate template however leads to the formation of barriers which perpetuate segregation and discrimination of people with disabilities. In the quest to advocate for equitable access by all, regardless of physical stature, researchers are aware that the pendulum of studies on disability swings back and forth between the models and the theories of disability. One glaring factor which most people agree on is the fact that inappropriate layout and design of the built up environment is what leads to a handicap. In addition to the lack of physical access, people with disabilities have to grapple with attitudinal barriers. These are mental inferences and assumptions on the capabilities of a person. Through this research a review of secondary data was conducted with a view to shift the accessibility lens to embrace facets enhancing universal access for all.

Keywords: Access, Physical Barriers,Disability Models, Disability Theories, Universal Design

INTRODUCTION

The overarching goal of the United Nations Convention on the Rights of Persons with Disabilities was to foster inclusivity in all aspects of living. However, equitable access to the built environment is a long way from being reached [1]. People with disabilities are still an under-recognized population who experience disparities. Furthermore, it is well-recognized that environmental factors are a social determinant of health that can negatively influence health, participation, and quality of life outcomes. Not participating or engaging in communities may lead to negative health and quality of life outcomes as this relationship has been suggested as cyclical [2].

One in five people in the world are said to have some type of disability. Disability is not merely individuals' compromised capability in navigating the built environment, but rather the 'misfit' of capabilities with how a given living environment is organized [3]. The point of departure is clearly the layout of the given living space as opposed to the structure of one's body. Does one standard size dictated by the normate template fit all? Especially within the public spaces? How flexible should a given space be? The nagging question at hand whenever living spaces are designed is- are we designing for people with disability specifically, or are we designing for all?

Access to the Built Environment

The design of the built environment has constantly been a factor of disablement for Mobility Assistive Devices (MobAD) users. Despite the increase of users of MobAD, there has been a lack of accessibility in urban environments in many parts of the world [4]. Since professional planners influence built environments and how they are experienced, we must ask, 'how are planners understanding and acting towards disability and

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accessibility in practice?[5]. Much of the failure of urban settings can be related to over-structured urban environments which deterministically prescribe usage, constraining instead of enabling socio-spatial performance. Planning decisions by specialists should be made with the participation of the end-user to minimise uncertainty as far as possible, creating enabling environments [6].

A quick overview of interaction in public spaces brings to the fore the fact that a larger degree of the said interaction is at a personal level. Herein, the concept of ableism is challenged whenever the space is laid out for a mythical able bodied individual who has his/her physical and mental faculties working at 100% all the time. The concept of ableism is however not fully accurate since most people have experienced disability permanently or temporarily at one time or another. Hence the need to present spaces which support all, regardless of ability. Within the public spaces, people tend to anticipate that the given spaces will be able to support their needs as much as is practically possible.

The fact that fitting and misfitting are material-discursive, relational, and interdependent categories. In order to sustain itself, the normate template relies upon the impression that normates are normal, average, and majority bodies. Misfitting shatters this illusion, marking the failure of the normate template to accommodate human diversity [7]. Most interventions in the built up environment have targeted the physical layout of living spaces. These interventions have benefited people with physical disabilities to some extent. Other participants who have benefited from equitable physical access includes people having a temporary disability due to incapacitation from alcohol or medication, pregnant women, travelers having a lot of luggage, parents travelling with small children to mention but a few. Despite the fact that there have been interventions done in the quest for equitable access by people with disabilities, the full realization of this quest has not yet been achieved.

A variety of societal barriers still prevalent today contribute to several challenges faced by people with disabilities. These barriers often lead to undesirable consequences for people with disabilities such as social exclusion, negative stereotypes and perceptions, financial hardship, and challenges in the areas of both physical and mental health[8]. The ability to travel freely and independently to participate in society is essential for an individual's wellbeing and quality of life. People with disabilities are often unable to access public transport due to barriers in the urban environment and public transport systems [4]. Research has identified the design of the built environment as a factor of disablement for Mobility Assistive Devices (MobAD) users. Despite the increase of users of (MobAD), there has been a lack of accessibility in urban environments in many parts of the world [9]. The failure to represent the diverse travel behaviour of people with disabilities leads to inaccurate forecasting and poor decision-making and exacerbates transportation disadvantages [10].

Being able to access public transport is vital for mobility device users as this is an affordable way of maintaining community connections and participating in activities that promote quality of life [11]. The set up of transportation infrastructure is of import since its design can provide an avenue for people with disabilities to break out of the cycle of poverty. Examples of areas to which social exclusion can occur include: education/employment, social networks, political and legal processes, health care, food distribution and extra cost associated with impairment. [12].

Disability and poverty are believed to operate in a cycle, with each reinforcing the other [13]. Significant challenges are faced by individuals with disabilities as they use public transportation [14]. Individuals with blindness or low vision, psychiatric disabilities, chronic health conditions, or multiple disabilities usually experience more problems using public transportation [12]. Many individuals with psychiatric disorders report difficulties in sensory processing, including increased awareness or sensitivity to external stimuli like sounds, lights, or smells[15]. The degree of participation in physical activity among people with disabilities is affected by a multifactorial set of barriers and facilitators that are unique to this population[14].

MODELS OF DISABILITY

This section presents a write up on models used in disability studies.

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The Medical Model

The Medical Model of Disability conceptualizes disability primarily as a problem within the individual, resulting from a physical or mental impairment. The impairment is intrinsic, viewed as a personal tragedy or medical issue that should be treated or cured. It defines disability as an abnormality that must be corrected to improve the individual's quality of life [16, 17]. Emphasis is on the diagnosis, treatment, and rehabilitation of individuals by medical professionals, who are seen as the primary experts. Accordingly, policies and services inspired by the medical model often aim to compensate individuals for their perceived deficits—such as through special benefits, medical interventions, or segregated services[18]. A critical consequence of this model is that it can shape public attitudes and internalized beliefs about disability. For instance, disabled individuals may internalize the idea that their bodies are the problem, which can affect self-esteem and discourage efforts to participate fully in society. Additionally, the medical model reinforces societal exclusion, suggesting that people are disabled because of what is wrong with them—not because of barriers in the environment [19].

The language associated with the medical model is typically clinical with the focus being on treatment rather than empowerment or inclusion. Furthermore, this model is embedded in certain aspects of legislation, such as the Equality Act 2010, which requires proof of what an individual "cannot do" in order to qualify for protections, thereby perpetuating a deficit-focused narrative [20]. Historically, the medical model contributed to practices such as the institutionalization of people under the assumption that they could not manage their own lives. The 1970s saw a strong rejection of this model by disability activists, who emphasized societal barriers rather than individual limitations—a movement that gave rise to the Social Model of Disability [21]. Cultural portrayals of disability also reflect the medical model, often showing individuals as either objects of pity or as inspirational figures merely for performing ordinary tasks. These tropes reinforce low expectations and obscure the need for structural change [22].

A systems approach views development as 'synergistic' within the environment, whereas the transactional model understands development as a transaction or exchange between person and environment. These early understandings heralded the later influences of ecological models and the growing importance of science and technology studies in the sociology of health and illness. More recently, (bio)medical models have been used to consider obesity, smoking, violence, risky sexual behaviour and even climate change, but, as we shall see, they are rarely linked to theoretical (and more inclusive) discussions of disability. The medical model could be seen as especially weak in conceptualising comorbidities or multi-morbidities, which is at odds with the idea that many people will possibly experience various forms of impairment during their lifetime [23].

The Economic Model of Disability

It is a framework that examines disability primarily through the lens of financial and productivity-related impact. It defines disability in terms of how impairments affect an individual's ability to work and the subsequent economic consequences for the individual, employer, and the state. This model often associates disability with an inability to participate in traditional forms of employment, such as full-time office-based jobs, and evaluates its effects based on measurable productivity losses [16, 19]. From this perspective, disability is not only a personal limitation but a cost burden distributed across various societal levels. For the individual, it may lead to lost earnings and additional expenses for personal assistance or medical support. Employers may experience reduced profit margins due to perceived lower productivity among disabled employees. On a broader scale, governments often face increased welfare expenditure through disability-related benefits and subsidies [24,25].

The economic model is widely utilized by policymakers to determine eligibility and distribution of disability-related benefits. It provides a structured way to assess financial needs and allocate support systems based on an individual's inability to meet productivity expectations [26]. However, the model has faced challenges, particularly when paired with the medical model to identify and prevent fraudulent claims. This dual application has created confusion in policy formulation and implementation, contributing to inconsistent and sometimes stigmatizing disablement policies [18].

A key concern of the economic model is balancing the socially desirable goal of inclusive employment with economic viability. Classical economic principles suggest that expanding the labor force may suppress wages.

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Although improving access to employment through equal opportunity policies may lower employer labor costs, employers still tend to prioritize profitability and operational effectiveness over social inclusion [19, 27]. While some employers may recognize intangible benefits such as positive public perception or brand alignment with social responsibility most remain primarily driven by financial performance. This results in two controversial economic options: either pay the disabled individual a reduced wage or subsidize the employer for the productivity gap [28]. The former risks stigmatizing the employee by underlining their reduced capacity, while the latter presents difficulties in accurately assessing and adjusting subsidies based on fluctuating productivity.

For economically-minded policymakers, this raises a deeper dilemma: how to ensure an equitable, efficient, and sustainable distribution of disability-related benefits. Some individuals may have impairments that entirely preclude employment, while others may work at productivity levels too low to justify ongoing subsidies. In such cases, shifting individuals to long-term social welfare support may appear fiscally logical but introduces ethical concerns about exclusion and marginalization [29,30]. The economic model, in its attempt to quantify disability, can inadvertently reinforce stigma and structural barriers. By framing people with disability as a cost to the economy, it risks reducing human value to financial output. This model often defines a legally codified group of "needy" individuals, which can be socially demeaning and alienating [18; 31]. Moreover, while the model acknowledges that impairments can affect work capacity, it fails to fully address structural and societal barriers such as lack of accessible transport, limited training opportunities, or workplace discrimination. These factors also restrict participation in the labor market and reduce economic prospects, yet they remain under examined in strictly economic analyses [32; 24].

The economic model of disability plays a crucial role in informing social security systems and disability-related policy making. It offers a quantitative approach to understanding the financial dimensions of disability. However, its emphasis on productivity and economic cost can lead to exclusionary and stigmatizing policies if not balanced with social and ethical considerations. True inclusion demands a broader perspective that integrates economic efficiency with equity, accessibility, and dignity for people with disabilities[33].

Social Model of Disability

The Social Model of Disability (SMD) was developed in the 1970s by activists in the Union of the Physically Impaired Against Segregation (UPIAS). It was given academic credibility through the works of Vic Finkelstein (1980, 1981), Colin Barnes (1991) and particularly Mike Oliver (1990, 1996). It sees disability as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers [34]. The concept carries the implication that, the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others [16].

The SMD sees the society's barriers rather than the person's medical conditions as a point of reference. It argues for the full inclusion in educational institutions, the larger societal institutions and for complete acceptance as citizens with equal rights, entitlements and responsibilities [35]. It also regards disability as all the things that impose restrictions on people ranging from individual prejudice to institutional discrimination, from inaccessible physical infrastructural facilities designs to unusable transportation designs, from segregated education to exclusion from work and many more. The model recognises the solution as to rid the society of these barriers, rather than relying on curing all people who have impairments, which is not possible.

Despite its strong push towards ensuring rights are upheld through ensuring improvement in accessibility design, social model of disability on the other hand is disadvantaged in that it fails to recognise the importance of impairment [36]. It is unable to deal adequately with the subjective experiences of the pain of both of impairment and disability. This model is also based on a conceptual misunderstanding because it is not about the personal experience of impairment but the collective conceptual experience of disablement[16]. Having a disability does not rob a person of freedom and happiness[37]. In the main features of the social model of disability, if disability is produced by the conditions, assumptions, and events of society, then disability can be deconstructed[38].

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Theories explaining Design of Living Spaces

Critical Urban Theory

Proponents of Critical Urban Theory include Lefebvre, Marcuse and Pinder [39,40,41]. Critical urban theory can provide some illumination on why a given situation exists. It has to do with the question of whose right to the city is involved, who the potential actors, the 'agents of change', are and what moves them either to propose or to oppose basic change [40]. In the context of transport terminals, this theory highlights which particular segment of society was excluded due to the prevailing designs.

The right to the city can also be viewed as alternatives and ways of constituting what is deemed possible. It entails putting on a "possible- impossible" lens [41]. Equitable access by all is possible since the design of public spaces can be enhanced so as to accommodate all users. This right can also be viewed as an exigent demand by those deprived of basic material and existing legal rights, and an aspiration for the future by those discontented with life as they see it around them, perceived as limiting their own potentials for growth and creativity. The demand comes from those directly in want, directly oppressed, those for whom even their most immediate needs are not fulfilled [40].

Critical Urban Theory further highlights the fact that the right to the city is a claim and a banner under which to mobilize one side in the conflict over who should have the benefit of the city and what kind of city it should be. It is a moral claim, founded on fundamental principles of justice, of ethics, of morality, of virtue, of the good. The principles of the given city would include concepts such as justice, equity, democracy, the full development of human potentials or capabilities, to all according to their needs, from all according to their abilities, the recognition of human differences. They would include terms such as sustainability and diversity, but these are rather desiderata in the pursuit of goals rather than goals in themselves [40]. The envisioned city ideally should be one in which there is no segregation based on ones' ability or lack thereof. Provision of a space embodying the principles highlighted would enhance spatial inclusion of all. The proposed "possible- impossible" lens can be used to isolate specific components which propagate spatial exclusion, while introducing those which enhance inclusion of all.

Urban planning is both a technique and a method of observation and analysis of spatial, material and human relationships. It is also a vision of what the city will be in the near and distant future [42]. Critical Urban Theory is grounded on an antagonistic relationship to existing urban formations [43]. This theory can be used to critic the existing antagonism presented by spatial forms with a view to highlighting discriminatory spaces. These spaces usually present themselves as checkpoints for "sieving out" "spatial misfits". During instances when the spaces continually block participation of people with disabilities, the "us" versus "them" debate is perpetuated. The disconnect is further perpetuated since the question at hand is, why should some people be excluded from public spaces?

Universal Design Theory

Universal Design (UD) has gained theoretical attention under the banner of "universal access" [7]. While the beginnings of UD catered for people with diminished abilities such as physical impairment, retardation, advanced age and pregnancy, the current trend provides for the needs of the majority [44]. An accessible environment serves a wide range of people and not just disabled persons. Accessible spaces can only be presented fully, once designers of space give up the myopic view of looking at access to spaces in terms of access for people with disabilities. The core of issues access is the realization that accessible spaces benefit all users and not just a select few.

The seven principles of UD are: equitable use of designs, flexibility in use, simple and intuitive designs, perceptible information, tolerance for error, low physical effort, size and space for approach [45]. These principles provide a platform for ensuring that built environments are accessible to all, regardless of one's physical stature. Indeed, once UD principles have been entrenched in the design of built environments, access by all becomes a reality.

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In addressing access, Universal Design Theory (UDT) advocates for provision of built environments which are designed to be as accessible as possible from the outset, to as many people as possible regardless of age, stature, size or disability. The focus of UDT is that the built environment should be designed in such a way that they will not require future retrofitting or alteration. The design of the built environment is required to go beyond legal accessibility requirements to integrate into disability-access strategies the specific requirements that accrue when designers take into account aging, gender, size and health of potential users [46]. Within the UD paradigm, accessibility indicates not only the degree to which a location or facility is reachable by someone with an impairment, but also includes other factors, such as the usability of the facility and the attitudes in the social environment [47].

Wayforward

The task of Universal Design (UD) is to make the way spaces are designed explicit so as to hold designers accountable for what appears to be disability-neutral design, and show that this neutrality is a constructed form of ignorance. Making UD's values and ideologies explicit requires consideration of excluded bodies and full acknowledgement of the range of interactions between bodies and environments. Because the normate template keeps a walking and fleshy body at the center of thinking about design, buildings often fail to consider space requirements for bodies that use technologies to navigate space [7]. This observation squarely places the issue of accessibility, or lack thereof on planners and designers. Adherence to the normate template gives rise to a situation where environments are “inclusive” to those who can “fit”. Such a scenario passes non-verbal cues to members of society who are locked out of the given public spaces. The converse is true since adherence to UD would ensure that the built up environment is accessible to all, regardless of physical ability.

Designs presented in public spaces are a visible and tangible proof of the view of planning institutions and designers towards those who can not operate within the 5^{th} and 95^{th} percentiles. Execution of designs which privilege some while locking out others shows that designers and planners consider those who are locked out spatially as “misfits”. The non-verbal cue passed across is that planners and designers are biased against “misfits” - not considered as potential users of public spaces. Designers of space have an impact on the final outlay of spaces since they are the ones who conceptualize spaces, right from the sketching phase to project execution phase. During this design process, the designer has to decide whether to take a UD approach or a normate template approach. Planners on the other hand are the ones who give planning approval to the designs presented by the designers. The same scenario would play out during planning approval since the planners can choose to utilize tools and parameters to sieve out developments biased towards the normate template. In this way, a platform for upholding UD would be provided.

Accessibility has been a well-known concept in the transport planning field since 1950s, when it was introduced as ease of reaching desirable destinations tying land use and activity systems with the transport networks that serve them. Improving accessibility has recently emerged as a central aim of Urban Planners and aligned disciplines. Transport planning literature contains many measures largely restricted to motorized modes and to a handful of destination activities. There is need to explore issues related to the development of accessibility measures for non-motorized modes, namely bicycling and walking [48]. One facet of improving accessibility utilized by this study was the evaluation of the specific components of a transport terminus to commuters during instances they became pedestrians. The view point held by the researcher was that improved accessibility to infrastructure would support potential users to approach, enter and make use of the facilities independently and safely.

Prevailing attitudes towards disability and how it is understood in a society can be represented in the construction process and the product of its built environments. Inacccessible built environments act to reinforce the social marginalization faced by disabled people. [49]. Inaccessible bus terminal facilities therefore become active agents of social exclusion due to their segregatory nature. Terminals designed after a normate template would pass out non verbal cues of exclusion of PwDs, while one designed with a UD outlook would enhance inclusivity of all, including PwDs.

Within the societal set up, investments are usually done in areas which are considered valuable, while areas not considered valuable are not located substantial resources. Although designers do not create these social

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categories, they play a key role in providing the physical framework in which the socially acceptable is celebrated and the unacceptable is confined and contained. Thus when any group that has been physically segregated or excluded protests its second-class status, its members are in effect challenging how designers practice their profession [7].

The design process usually begins with a design specification where requirements of a design are specified. At this stage, the needs are formulated as complete as possible indicating the intent of the design as precisely as possible. Unfortunately in practice the specification does not contain a complete definition or all relevant facts a designer would need to come up with a proper solution. As a result, one gets a conceptual formulation of needs which has to be developed and evolved like the whole design has to be. The goal of the design specification is to analyze, describe and expose the aim of a design so that the purpose and the intention of a given design is formulated. The result is a design specification which contains requirement a product or artefact has to meet [50].

In the design of accessible bus terminals, elements enhancing access can be captured while design specifications are being drawn out. Conversely, lack of compliance to UD requirements leads to construction of facilities which hamper independence and mobility of people who do not conform to the normate template. Adherence to UD requirements on the other hand leads to the formation of environments which benefit a wide range of people, including those with heavy luggage, expectant mothers, people with disabilities and little children.

Value-explicit design does not privilege expert knowledge, but rather provides a framework within which designers can be held accountable for the types of environments that they produce. UD is an approach to value-explicit design that critiques the false value-neutrality of inaccessible environments. Environments that are not universally usable are not value-neutral; on the contrary, they are value-implicit. Value-explicit designs have the capacity and flexibility to meet the spatial requirements of specific types of embodiment in ways that also acknowledge a range of embodiments [7]. Accessible bus terminals communicate the fact that all members of society are welcome to use the facilities. UD parameters provide a starting point for designers and planners to evaluate the extent to which designs they have control over encourage access or inhibit the same.

Since the normate template keeps a walking and fleshy body at the center of thinking about design, buildings often fail to consider space requirements for bodies that use technologies to navigate space. In order to sustain itself, the normate template relies upon the impression that normates are normal, average, and majority bodies [7]. While designing products and environments, designers often focus on the average user [51]. Inaccesible spaces thereby lock out a segment of the population which can not fit into the “ideal” environments presented by designers and planners.

Building forms reflect how a society feels about itself and the world it inhabits [7]. Universal design has the power to lift the human spirit, especially when environments are designed to truly meet the needs of people who use them. Universal design encompasses inclusive and non-discriminatory design of architecture, urban environments and infrastructure. The principles advanced by UD can be related directly to control mechanisms common in planning, such as building codes, zoning regulations, design review, tax incentives and guidance [52].

It is important to note that the design process of solving problems is embodied within UD since it is both intentional and intuitive [53]. Design knowledge is based on intuitive investigation and problem-solving by individual designers. Within design practice, "research" refers to the designer's drawings, studies, and models that explore possibilities for a design. Whereas scientific research describes an existing state of things, design is a process that researches potential futures by solving problems within the status quo [54].

Three intersecting approaches which contribute to the advancement of UD are: strengthening regulations in order to increase the acceptable baseline; spreading knowledge through speaking, teaching and writing; and building support through advocacy and representation [55]. In conclusion, in the execution of designs, designers should take into account the full diversity of the potential user population. Most people have some functionality that is significantly less than the norm, and most people go through phases in which they are temporarily disabled by

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accident, alcohol, drugs, stress or even fatigue [56]. Based on observation highlighted, it becomes clear that execution of designs which embrace a UD outlook enhance access for all.

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