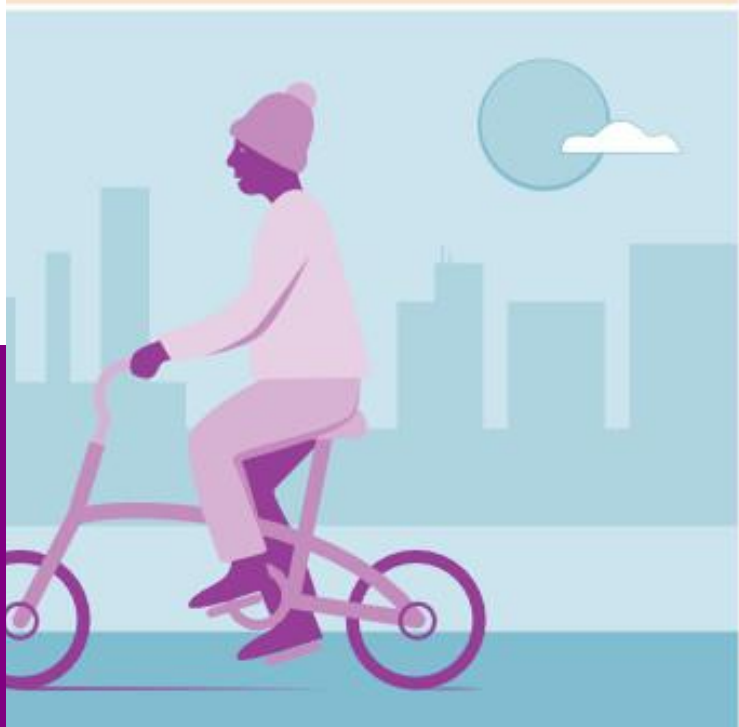




**The Health and  
Social Care  
Alliance  
Scotland  
(the ALLIANCE)**



**Guidance on inclusive design for  
town centres and busy streets  
ALLIANCE response**

**27 March 2024**

## Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcome the opportunity to respond to the guidance on inclusive design for town centres and busy streets. We have previously considered issues of accessibility and design of public spaces in our ‘Exploring Scotland’s 20-minute neighbourhoods’ event series and report<sup>1</sup>. Through the series, we were told about the importance of accessible design of public spaces, including accounting for the varying needs of disabled people and providing plenty of places to rest.

Overall, we consider this guidance to reflect well on the range of considerations that planners must take into account for inclusive design. In particular, we welcome the importance placed upon early, accessible and meaningful engagement, and the multiple instances where the needs of people with sensory impairments and loss are explicitly highlighted as key considerations.

### **Question 1: Please give us any comments relating to Principle 1 (“Why?”) and what it is trying to achieve.**

We agree with this principle, and particularly the recognition that engagement goes beyond simply consultation, and that it must align with duties under the Equality Act and Public Sector Equality Duty. Failure to properly account for disabled people within design processes has in some cases led to the perception that, for example, their transport and access needs were being given less priority than those of cyclists.

In reality, there does not have to be any conflict between people whether they are walking, wheeling or cycling, and whether they are disabled or not, so long as the design process properly accounts for varying needs. Where possible, we would encourage planners to take a co-production approach, involving disabled people directly in the planning and design processes from the outset and at every stage, not simply early engagement.



**Question 2: Please give us any comments relating to Principle 2 (“When?”) and what it is trying to achieve.**

We agree with this principle, and particularly the recognition that engagement must take place starting before the formal consultation, and continue throughout the process. Early engagement is crucial to identifying potential problems before they are “baked in” to the design process. This is especially important in relation to people with sensory impairments or losses, who have expressed concern about not having been properly accounted for in recent city centre redevelopment projects, such as the Sauchiehall Street Avenue in Glasgow.

**Question 3: Please give us any comments relating to Principle 3 (“What?”) and what it is trying to achieve.**

We agree with this principle, and particularly the recognition of the need for accessible and inclusive communication, such as British Sign Language (BSL) interpreters and tactile plans. Ensuring that information about the design, including through engagement and consultation processes, is accessible to everyone is essential to ensuring different groups are equally able to participate in the process on a level footing. This should be conducted in line with the Six Principles of Inclusive Communication<sup>2</sup>.

We also welcome that the guidance specifically mentions the need to give “sufficient time” to understand the information. For engagement processes to be meaningful, it is important that people do not feel rushed or pressured to give their feedback, but instead are supported and enabled to carefully consider all of the evidence and information available to come to an informed position.

**Question 4: Please give us any comments relating to Principle 4 (“How?”) and what it is trying to achieve.**

Whilst we agree with the general idea behind this principle, we are not sure that the body text fully aligns with the title of “how?” We agree with the importance of engaging with both locals and people who travel through



areas, as well as the importance put upon third sector organisations, disability organisations specifically, and local access panels, and the need to consider the capacity of those organisations.

The heading of “how?” however would suggest there should be some indication of what engagement processes could actually look like. Whilst it would not be sensible to be prescriptive or exhaustive in the guidance, we would have expected this section to touch upon possible forms of engagement, such as in-person workshops, online question and answer sessions, information portals, or local newspapers. Alternatively, this section could be re-titled “who?”, based on the content as proposed.

**Question 5: Please give us any comments relating to Principle 5 (“Where?”) and what it is trying to achieve.**

We agree with this principle, and particularly the recognition of the need for flexibility, accessibility and convenience. Particular importance should be put upon accessibility, and ensuring that the people who may face the most barriers to navigating public spaces are not excluded from engagement processes intended to improve their access to those spaces. Properly including the people directly impacted will help ensure the most inclusive outcomes.

**Question 6: Please give us any comments relating to Principle 6 (“Effective Separation Between Different User Zones”) and what it is trying to achieve.**

We agree with this principle, and particularly the explicit guidance relating to ensuring a level difference that is fully detectable by blind and partially sighted people and guide dogs. We strongly agree that there should be a clear level difference between pedestrian and motor vehicle traffic except where in low-traffic locations and following explicit engagement with visually impaired people has been taken into account.

We also welcome that this section indicates level separation equally applies to appropriate separation between pedestrian and cycle spaces.



Whilst the ideal scenario separates cyclists from motor traffic, it is important that dedicated cycle lanes are appropriately level-separated, for example via a full kerb, to ensure safe navigation by people with sensory impairment or loss.

**Question 7: Please give us any comments relating to Principle 7 (“Clear, Unobstructed Pedestrian Corridors and Footways”) and what it is trying to achieve.**

We agree with this principle, and note that the guidance picks up on a range of important considerations that we would expect planners to be aware of. These include reasonable pick-up and drop-off vehicle access for disabled people; plentiful and accessible seating and rest locations; minimising clutter within the main pedestrian corridor; and features that enable long cane users to identify the extent of the pedestrian corridor.

**Question 8: Please give us any comments relating to Principle 8 (“Crossings”) and what it is trying to achieve.**

We agree with this principle, and particularly the recognition for the importance of tactile paving, audible outputs, and rotating cones, all of which are essential for blind and partially sighted people to safely cross roads. Routine checks and maintenance for this infrastructure should be adequately planned for. We also welcome that the guidance specifically references blind and partially sighted people, as explicit mention is likely to encourage planners to think about their mobility needs.

We would also particularly note the importance of maintaining the clarity and consistency of crossings. There have been instances in recent years for example of applying multi-coloured paint to zebra crossings, which has been reported to cause confusion for some guide dogs and blind and partially sighted people. Whilst the intentions behind this street decoration are universally positive, we would encourage approaches that do not unintentionally interfere with well-understood traffic signals.



**Question 9: Please give us any comments relating to Principle 9 (“Materials”) and what it is trying to achieve.**

We agree with this principle, and particularly the recognition for accessibility to be considered in the design and choice of materials, with certain types of material and finish explicitly identified as being problematic for partially sighted people. We also welcome that features such as slip resistance are highlighted, reflecting the importance of safety in the design of public spaces.

**Question 10: Please give us any comments relating to Principle 10 (“Consistency in Design”) and what it is trying to achieve.**

We agree with this principle, recognising the point that there is a balance to be struck between consistency in designs and appropriateness for the local context. We welcome the explicit requirement for an Equality Impact Assessment where changes to physical design features are proposed, and agree that this will help to support accessibility for disabled people. In line with other parts of this guidance, we would recommend the direct involvement of disabled people in these assessments.

We would also reiterate our comments on Principle 8, namely that as a matter of consistency, the use of bright, multi-coloured painting at pedestrian crossings should be avoided. Whilst the specific design features of any space should be most appropriate to a given local context, where these features relate to long-established visual and tactile signals that apply nationally, the design should implement those signals unaltered.

**About the ALLIANCE**

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision, which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.



We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level.

The ALLIANCE has a strong and diverse membership of over 3,500 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

#### We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.



## Contact

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<sup>1</sup> The ALLIANCE, 'Exploring Scotland's 20-minute neighbourhoods: final report published' (June 2022), available at: <https://www.alliance-scotland.org.uk/blog/news/exploring-scotlands-20-minute-neighbourhoods-final-report-published/>

<sup>2</sup> Scottish Government, 'Principles of Inclusive Communication: An information and self-assessment tool for public authorities', available at: <https://www.gov.scot/publications/principles-inclusive-communication-information-self-assessment-tool-public-authorities/>

