Accessible football stadia in England – What represents meaningful provision for wheelchair users and how can it be achieved?

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Submitted in fulfilment of the requirements of the
degree of Doctor of Philosophy

University of Salford

School of the Built Environment

2017

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Acknowledgements

This PhD thesis could not have been written without the advice, support and contribution of a number of people to whom I shall be eternally grateful.

To begin with, I would like to say a huge thank you to my supervisors, Professor Marcus Ormerod and Rita Newton for giving me the opportunity to undertake this doctorate, but more importantly, for dedicating so much of their time, energy and resources in order to successfully guide me through the PhD process.

This thesis would not have been possible without the voluntary contributions of the people who participated in the PhD research, all of whom generously gave up their time and provided me with insight. Thanks are due especially to the twenty spectators who selflessly shared their experiences with me; and the eight key stakeholders who imparted their knowledge and expertise, and who fitted me into their busy schedules.

I am deeply indebted to the NeuroMuscular Centre in Winsford, Cheshire for providing me with such a welcoming and inclusive venue in which to interview many of the spectators. Thank you Denise for all your assistance.

I owe a massive thank you to several people who were indispensable to me. First to my brother and hero Tom, who proof-read the entire thesis and gave me objective opinion and advice along the way, despite the pressures of a hectic working and family life. Secondly, my friend Alison, who waded through the completed document with me, checking and cross-referencing the transcript to ensure that nothing had been missed. Finally, a very special thank you to my PA and friend Stacey for being incredibly supportive and for travelling with me along the 'road to a PhD'.

I would like to thank my family and friends, who tolerated my absences and who smiled and gave me words of encouragement when they did see me.

Lastly, I would like to dedicate this PhD research to my friend Adam Walker, who sadly never saw me embark on my PhD journey, but whom I am sure was with me in spirit along the way.

Foreword

It is important to begin by outlining my relationship with both the subject matter and the respondents involved in this study. I am a lifelong football spectator and it was personal experience that prompted my initial interest in this area. I began my 'football supporter' career in childhood and following football was and is a big part of my social calendar.

I have a deteriorating condition that necessitated using a wheelchair on a permanent basis about fourteen years ago. Following this, I went down the well-established paths in order to continue with employment and education ('Access to Work' and disabled students support). But when it came to following football as a spectator, I found that continuing with this part of my life was fraught with barriers and difficulties.

So, my own 'cultural filter' and unique position in relation to the subject matter undoubtedly makes my intention to be an 'objective' researcher more difficult. Despite this, when starting this PhD research, I set myself the aim of objectivity, but recognised that many challenges lay ahead. This qualitative PhD research generates personal accounts from participants that inundate the study with subjective content and multi-dimensional data. However, this does not mean that the data collected has less validity or cannot be used in a formal, academic framework.

Whilst I cannot claim to be immersed in disability culture, I openly acknowledge that being a disabled football spectator, one who is part of a community of disabled supporters, will influence my data collection and analysis. But I also believe that my unique position has advantages in that, I am aware of the physical, attitudinal and organisational features of everyday living that can facilitate access, or make access more difficult for wheelchair users. Furthermore, it has been far easier to establish a rapport with other disabled supporters and the key stakeholders, which facilitated the discussing of disability related issues during the interview process. Several of the wheelchair users trusted me with sensitive issues, which I am not sure would have happened otherwise. It is my belief, therefore, that my relationship with the subject matter has had a positive effect on this PhD research.

Abstract

The aim of this PhD research is to explore English football stadia provision for spectators who are wheelchair users, identifying features that can limit, or which can promote their inclusion. The outcome of the research is to provide a fuller understanding of what can constrain or enhance provision for spectators who are wheelchair users and to propose strategies that can enhance inclusive stadia provision.

Various bodies of knowledge are brought together and applied to football stadia in order to:

1. Assess the design process, the legislation, the building regulations, the guidance and how they meet the needs of wheelchair users;
2. Examine the inclusivity of spectator sports and appraise the design guidance for stadia that can facilitate access to them;
3. Investigate the everyday user experience when attending football stadia and understand how provision is determined in practice; and
4. Recommend the changes and improvements that need to be made so that wheelchair users are better accommodated in football stadia.

This qualitative research adopts an open-ended inductive approach, with some deductive aspects (namely, the critical literature review that initially led to the research). Semi-structured, in-depth interviews were conducted to capture (i) the everyday experiences of twenty disabled supporters who are wheelchair users and (ii) the perspectives of eight key stakeholders involved in football commerce, stadia design and stadia management.

The key findings revealed that English football stadia have many physical, attitudinal, management and operational barriers that limit accessibility for spectators who are wheelchair users; and that there are many constraints in design practice that have limited the inclusion of wheelchair users in English football stadia.

Chapter 1: INTRODUCTION

Access and inclusion are important themes in equality policies and the design of buildings, spaces and places have a significant impact upon disabled people. The researcher contends that the perception that architects and designers have of disabled people reflects their cultural and societal influences, giving them in a limited understanding of how disabled people experience the built environment. This restricted view has meant that access for disabled people in England has been largely delivered through add-on technical specifications to overcome barriers, which does not prompt building development proposals to go beyond what is 'reasonable' and embrace inclusive design practices.

The objective of UK disability discrimination legislation, building regulations and design guidance is to overcome barriers for disabled people, but whilst compliance with these regulations helps to augment accessibility, it does not mean that this will achieve inclusivity (Imrie & Hall, 2001). The accessible design feature focuses primarily on meeting guidance that specifies technical and other requirements for disabled people, rather than a design that takes account of the widest spectrum of users' needs, including disabled people. As Fleck states, "Inclusivity needs to be at the core of the design process....meeting building regulation standards is not enough" (Fleck, 2014). According to the Commission for Architecture and the Built Environment (CABE) (2008), an inclusive approach to design would remove the barriers that create undue effort and separation, so that people can function equally, confidently and independently in their interactions with the built environment.

Although inclusive design knowledge is becoming more prevalent amongst architects and designers, the involvement of end-users is not as widespread, and there are few examples where this level of collaboration forms an important part of the project budget and timescales (Hewitt, 2016). There are currently approximately 1.2 million wheelchair users in the UK (NHS England, 2017; Disability Sport, 2017) accounting for an estimated 1.9% of the UK population in 2017 (Disabled World, 2017). Despite this, there are few accounts of wheelchair users' experiences of the urban environment or of user-centred design methods that involve collaboration with them

as end-users. The experiences of disabled people have not formed a crucial part of the design process in England and built environment professionals seem to have been reluctant to consult with diverse groups such as wheelchair users.

Aspects of the built environment in a crowded urban environment restrict physical mobility for wheelchair users (Bromley, Matthews & Thomas, 2007). Design standards have an explicit impact upon wheelchair users (Goldsmith, 2000) yet it would seem that separate provision has been specified in England (Imrie, 2006). This provision is entrenched in a defensive compliance culture, rather than one based on the experiences of the end-user. It is an inward-looking view, rather than an externally focussed view that welcomes different, diverse inputs. A comprehensive literature review has revealed that accessibility for wheelchair users in the built environment is mainly based upon meeting requirements stipulated in building regulations and guidance, rather than an overall concept of inclusive design which facilitates access and use by everyone (Design Council, 2014b). Despite the development of building regulations and design guidelines in England, the tendency to build towards minimum standards persists (Centre for Accessible Environments, 2016).

Throughout this PhD research, the British social model of disability, as defined by Oliver (1996) is adopted, which maintains that it is social, attitudinal and environmental barriers that disable people. The researcher argues that designing for people with impairments has largely been located in 'special needs' provision, which is firmly entrenched in the medical model of disability (Hanson, 2004). This PhD research defines disability from the social model; it is barriers within the environment and negative social attitudes that exclude disabled people in society. Furthermore, the principles of inclusive design are largely based on the social model of disability, whereby the disability is caused by inaccessible facilities, services and environments and cultural stereotypes.

Accessible stadia design and management is critical to the social inclusion of spectators who are wheelchair users, but it has been reported that provision for wheelchair users in English football stadia is inconsistent (Level Playing Field, 2014a, 2014b), and in some cases it has not met minimum access requirements (BBC, 2014c; Level Playing Field, 2016e; Trailblazers, 2016). This PhD research sets out to

investigate what represents meaningful provision for wheelchair users in English football stadia. It attempts to achieve this by capturing the everyday experiences of 20 spectators who are wheelchair users and the perspectives of eight key stakeholders involved in football commerce and in stadia design, management and operation.

This introductory chapter explores the research motivation and sets the context in which this PhD research exists. The research aim, objectives and methodology are also discussed and the significance of the research is outlined. An outline of the thesis structure with overviews of each of the chapters is provided. The chapter concludes with a summary.

1.1 Research motivation

This PhD research investigates standards of accessible design in English football stadia for spectators who are wheelchair users in order to inform future stadia design and management practices. The main motivation for this research comes from the researcher's experience of becoming a wheelchair user later in life and discovering the physical, attitudinal and organisational features of everyday living that can (i) facilitate access (enable), or (ii) make access more difficult (disable). The researcher was particularly cognisant of the barriers that restricted mobility for wheelchair users within her social environment, but also recognised how empathetic design and management of this environment could facilitate independent access.

This PhD research is further motivated by issues relating specifically to accessibility in English football stadia. As a lifelong football spectator, the researcher became acutely aware of how stadium design and management impacted on spectators who were wheelchair users, and the challenges faced in developing stadia that can facilitate their inclusion.

1.2 The research aim, objectives and overview of methodology
1.2.1 Research aim

In the context of this PhD research, the question posed is "What represents meaningful provision for wheelchair users in football stadia in England?" Therefore the aim of this PhD research is to explore the extent to which the existing design of sports stadia in England meets the needs of spectators who are wheelchair users. The

outcome of this PhD research is to provide a synthesis of what has a positive effect and what has a negative effect; and to use this analysis to identify the constraining factors that need to be tackled in order to significantly improve access to stadia for spectators who are wheelchair users.

1.2.2 Research objectives

Entrenched in the aim of this PhD research are the following five research objectives:
1. To assess the design process in England, the legislation, the underpinning regulations, the guidance and how this meets the needs of wheelchair users.
2. To evaluate the accessibility of English spectator sports and appraise the design guidance for stadia that can facilitate access to it.
3. To investigate the everyday wheelchair user experience when attending/trying to attend football stadia.
4. To understand the determining factors that can constrain or enhance provision for disabled spectators at football stadia.
5. To recommend changes and improvements, as identified by this PhD research, to enhance the experience for spectators who are wheelchair users.

1.2.3 Overview of research methodology

A research methodology has been devised to address the research aim and to achieve the objectives set out above, which is summarised here. This PhD research is a qualitative study which analyses what represents meaningful provision for wheelchair users in English sports stadia, in terms of identifying features that can act as barriers to limit access or can enhance accessibility and promote inclusion. The study is based on the constructivist school of thought. The constructivist (also referred to as interpretivist) approach emphasises the difference between research conducted with people and research conducted with objects (Saunders, Lewis & Thornhill, 2007) and recognises the different views and meanings that people place upon their experiences (Easterby-Smith, Thorpe & Jackson, 2012). By employing the constructivist / interpretivist paradigm, this PhD research is ultimately be shaped by peoples' experiences. Surveys are considered the most appropriate strategy for this research. The essence of the survey method can be explained as, "questioning individuals on a topic or topics and then describing their responses" (Jackson, 2011, p.17). Data was

collected through semi-structured interviews, document analysis and review and synthesis of the existing literature.

The research strategy adopted for this PhD research involves two phases:

1. An analysis of the Office for Disability Issues (ODI) and UK Department for Culture Media & Sport (DCMS) 2015 survey results for:

   (a) Disabled spectators;

   (b) Club perspectives of provision for disabled spectators at sports stadia; and,

2. Semi-structured in-depth interviews with:

   (a) Spectators who are wheelchair users;

   (b) Key stakeholders with expertise in the design, operational and commercial aspects of football stadia.

The first phase of the research strategy involves an analysis of the secondary data provided in the 'Inclusive and Accessible Stadia' report published by the Office for Disability Issues (ODI) and the UK Department for Culture, Media and Sport (DCMS) in 2015. The report's findings were based on two surveys: (i) An online survey that took place between December 2014 and February 2015 to collect information about the service disabled spectators receive when they attend a sporting event; and (ii) a hard copy questionnaire sent to 223 sports' clubs across football, rugby and county cricket. This analysis of the findings was used to inform the interview questions and the research approach for the second data phase.

The second phase of this PhD research involves empirical data gathering. This will take the form of in-depth interviews with 20 spectators who are wheelchair users and eight key stakeholders. The main objectives of the in-depth interviews are to draw out the experiences and perspectives of the participants; and to provide the research participants with an opportunity to reveal their personal thoughts about specific subjects.

To summarise, the research methodology follows a qualitative constructivist research paradigm in order to: (i) Identify issues that frame the research agenda; (ii) explore the experiences of different stakeholders regarding what constrains or enhances

provision in football stadia; and (iii) gain a better understanding of what could improve the experience of wheelchair users.

1.3 Significance of the research

This research poses two questions: (i) "What represents meaningful provision for wheelchair users in sports stadia?" and (ii) "How can this be achieved?" which were developed through various initial literature sources, MSc Accessibility & Inclusive Design course studies and life experiences. A critical review of the literature found that the design of the built environment has not always provided disabled people, specifically wheelchair users, with a socially inclusive experience (Goldsmith, 2000; Bromley et al., 2007; Goodall, 2010; Imrie, 2012). The aim and objectives of this research provide a unique opportunity to explore this further by focussing on the design and management of football stadia in England, and how this impacts upon spectators who are wheelchair users. This PhD research is significant in that it will:

- Bring various strands of literature together, assimilate that knowledge and apply it to English football stadia.
- Build upon the existing research regarding the environmental, attitudinal and organisational barriers faced by disabled people, and the design practices that can facilitate access.
- Analyse the experiences of 20 spectators who are wheelchair users and the perspectives of eight key stakeholders and use this analysis to appraise what can constrain or enhance provision in English football stadia.
- Inform design guidance and practice to enable a greater understanding of how to design and operate stadia that include spectators who are wheelchair users.
- Explore the role of consultation with disabled end-users in the design process.

1.4 Structure of the thesis

It is intended that the structure of this PhD research reflects the research process undertaken (literature review, research design, findings and conclusions). Following this introductory chapter, Chapters 2, 3 and 4 undertake a comprehensive review of the literature in order to identify gaps in existing research knowledge. The literature review investigates the relationship between disability and the built environment and analyses the influence that perceptions of disability have on standards of accessible

design. This advances the progress of this PhD research by refining the study area and setting the context in which the study exists. Thus, the remainder of this thesis is organised into eight chapters as follows:

- Chapter 2, 'Defining Disability' explores models of disability and how specific models have influenced disability policy in Britain. The two predominant models in Britain, the social and medical models of disability are discussed in order to understand their central philosophies and how they differ. The social model of disability, which views disability as a complex collection of conditions, many of which are created by the social environment is appraised. The social model and its relevance to this study will be referred to throughout the following chapters.

- Chapter 3, 'Disability and the Design Process' focusses on the design and development of the built environment. It examines the development of codes of practice in England and reviews the introduction and revisions to Part M Building Regulations and the guidance contained in BS 8300, before analysing to what extent this promotes accessibility. The emergence of an inclusive design approach and the significance of user involvement to foster inclusivity in the design process is explored, with specific reference to wheelchair users.

- Chapter 4, 'Accessible Stadia Provision in England' evaluates the guidance relating to accessible stadia design; the Olympic and Paralympic legacy; and the accessibility of spectator sports in England. It investigates whether the London 2012 Games concept of 'legacy' has increased accessibility in sports stadia for disabled spectators, specifically wheelchair users. It analyses the Accessible Stadia Guide (SGSA, 2004a) and the supplementary guidance (SGSA, 2015a), along with Premier League (2009) and Football League (2010) recommendations and assesses their impact on spectators who are wheelchair users.

- Chapter 5 introduces the methodological approach central to the research and describes the methods used, how the research was carried out and the choices and decisions made throughout the process. The philosophical underpinning of this PhD research; the qualitative approach that was adopted; and the different research techniques employed are defined, notably the methods of data collection and the data analysis process. Aspects related to the reliability and validity of this research are also discussed and the ethical considerations are addressed.

- Chapter 6 reports the findings from the two stages of data collection: (i) The secondary data from the Office for Disability Issues (ODI) and UK Department for Culture Media & Sport (DCMS) 2015 survey results for disabled spectators and sports clubs; and (ii) the empirical data from the twenty interviews with spectators who are wheelchair users and the eight interviews with key stakeholders.

- Chapter 7 appraises the findings of the empirical and secondary data and discusses the constraining factors which can impede progress towards accessible football stadia provision. The implications of the results from this PhD research are discussed with regard to determining how to enhance the experience of spectators who are wheelchair users in English football stadia.

- Chapter 8 presents the main conclusions drawn from the discussion of the empirical and secondary data findings set against the key research aim and objectives. The challenges and limitations of the research and the opportunities for future study are acknowledged. The contribution to theoretical knowledge, design practice and achieving accessible football stadia provision for wheelchair users is recognised. This is the final chapter of this PhD research.

1.5 Summary

This chapter has set out the PhD research methodology, aim and objectives and described how these will be employed to examine what represents meaningful provision for spectators who are wheelchair users and how it can be achieved. It does this by (i) examining the experiences of 20 wheelchair users who have accessed or tried to access English football stadia; and (ii) analysing the wider issues in the design, operation and management of football stadia with eight key stakeholders. The findings are used to make recommendations as to how spectators who are wheelchair users can be better accommodated in English football stadia. The key contribution of this PhD research is providing user experience that suggests an urgent need for improvements to legislation, building regulations and revisions to stadia guidance, and that current design practice might use this evidence to pre-empt such legislative requirements. The thesis presents a unique aspect of built environment research that can be applied to an area (football stadia) that has woefully neglected to include the experience of disabled spectators, especially wheelchair users, in consideration of its physical and service design.

Chapter 2: DEFINING DISABILITY

2.1 Introduction

This chapter reviews some of the most predominant models of 'disability' and their relation to the wide-ranging definitions of disability as adopted in Britain. Models of disability provide a framework for understanding the way in which people with impairments experience disability, but also provide a reference for society as laws, regulations and structures are developed that impact on the lives of disabled people. The chapter moves on to emphasise that there are many ways of defining disability and describes how the most commonly applied model, the 'social' model has influenced and continues to influence policies and attitudes in Britain.

Disability is a multidimensional concept with both objective and subjective characteristics, which has traditionally been conceptualised through various models. Smart (2004) contends that whilst the models themselves do not constitute an explanation about disability, they do assist with generating a narrative. However, models provide definitions and once disability is defined, then discussions can follow about how society acts in response. Smart (2004, p.33) concluded that a model was a collection of "…guiding assumptions, concerns and propositions about the nature of phenomena or human experience… human-made tools for understanding, and human-made guidelines for action". In general terms, models of disability are based on perceived needs, once these needs have been established, the formulation and implementation of policy follows. Maki & Riggar (2004) asserted that if a model is used to determine the location of the problem, then collective action can be taken in an attempt to solve the problem. Thus, models of disability can be tools for defining impairment and the definition reached provides the basis for government and society to devise strategies for meeting the needs of people with impairments.

Activists, policy makers and academics have examined and theorised about the social, political, cultural, psychological and economic factors that define disability (Kaplan, 1998; Devlieger, Rusch & Pfeiffer, 2003; Henderson & Bryan, 2011) and it remains both multifaceted and contentious. In considering how the design, physical structure and management of the built environment can marginalise, and often exclude disabled

people, or be used to facilitate an inclusive society, it is important to identify the influence of the models on which definitions of disability have been based. But whilst models of disability may be described separately, they do not occur in isolation from each other. In multi-cultural societies several models may co-exist alongside each other, although one or more can become dominant at a particular time. Furthermore, both the models and their definitions can be used interchangeably and key aspects of one model may also be prevalent in another (Moore, 2013). To explore this further, this chapter continues with a consideration of the most commonly used models of disability that have been identified.

From an historical perspective, the 'moral' (or religious) model is believed to be the oldest model of disability (Kaplan, 1998). Moral and/or religious beliefs form the basis of this model, in which disability can be explained as a punishment or curse, but also as a blessing. It refers to the attitude that people are morally responsible for their own disability, and transforms disability into a sign of individual moral weakness (Clare, 2001) or something of religious significance (Devlieger et al., 2003). According to this model, disability can be a direct result of past or current sin and shame, hence its association with religion, for example, congenital disability may be seen as a result of the bad actions of parents. But in some instances, disability is positively defined as a gift, a challenge given to special people. Although it is less common today, echoes of this model still prevail in some cultures. Figure 2.1 (Lupton, 2014a) illustrates the historical influence of the moral model of disability.

For those cultures that associate disability with sin and shame, the prevalence of disability can be associated with feelings of guilt, even if such feelings are not overtly based in religious doctrine. The moral (religious) model has been associated with shame on families where disability was present, resulting in disabled family members being hidden away. Lum (2010) stated that in extreme circumstances disabled people have been excluded from education and having a meaningful role in society. Even though it is less prevalent in Western societies today, the age-old explanation of disability in terms of divine punishment or moral failing has historically resulted in the concealment and exclusion of disabled people (Olkin, 2012).

Figure 2.1 The Moral Model of Disability (Lupton, 2014a)

Although no longer one of the dominant theories of disability, this often negative, yet traditional view was widely accepted. Crucially, the moral (religious) model makes it clear that disability cannot be taken as a given, but that its meanings must be understood as inherently part of culture and that this cultural meaning can have far reaching consequences for disabled people.

Along similar lines to the moral model, the 'tragedy' (or charity) model gave rise to a definition of disability which depicted disabled people as victims of circumstance who were deserving of pity. From this model, disabled people are unfortunate objects, who need care, are not capable of looking after themselves or managing their own affairs and therefore rely on charity in order to survive. Swain & French (2000) argue that this model is sometimes used by non-disabled people to define and explain disability and is still commonly employed in media representations, language, cultural beliefs, research, policy and professional practice. Henderson & Bryan (2011) contend that this model has traditionally been used by charities in the competitive business of fund-raising, but has been condemned by its critics as dis-enabling and the cause of much discrimination. The idea of being recipients of charity, they argue, lowers the self-esteem of disabled people and many have challenged the negative image that this model portrays. It is important to state that there is not a linearity from the moral model

to the tragedy or charity model, but that this is more of a circular model, one feeding the other.

The moral (religious) and the tragedy (charity) model of disability perceive disability as a problem located within the individual, that is, they emphasise the person's impairment and the effects that the impairment has on the individual's abilities. Over time, in Western societies, perceptions of disability have evolved from the idea of complete segregation of disabled people, where the problem is seen as the person's impairment or malfunction, to a model of inclusion where everyone has equal access to the same services. Society is viewed as the problem, causing barriers which inevitably disable and segregate people. Mason (2000) believes that inclusion is the key in constructing a positive understanding of disability, one that this is firmly rooted in principles of equality. She identifies two main models of disability which have influenced thinking, the medical (individual) model and the social model. A detailed examination of these models, and several of their derivatives, will now follow.

2.2 Defining disability from a 'Medical' (Individual) model

The medical model is one of the most enduring models used to define disability across cultures. The World Health Organization (WHO) adopted the medical model in 1980 in their *'International Classification of Functioning, Disability and Health'* (ICF). This gained wide acceptance and gave the impression that (i) disability was allied to ill health and (ii) it was the medical profession that could solve the problems connected to disability.

The WHO medical model breaks disability down into three key areas:

1. Impairment - which means the loss or abnormality in structure or function;
2. Disability - which refers to the inability to perform an activity within the normal range of a human being because of said impairment; and
3. Handicap - The inability to carry out normal social roles because of an impairment/disability (WHO, 1980)

The WHO key definitions characterised disability as the result of a physical condition, which is intrinsic to the individual (that is, it is part of that individual's own body); may reduce the individual's quality of life; and causes clear disadvantages to the individual.

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Under this model of disability, the focus is on 'inability' and 'abnormality' and how this prevents disabled people from functioning in mainstream society. Following this approach can lead policy makers and service managers to focus their efforts on compensating people with impairments for this loss of function. Oliver (1996) states that when disability is defined from a medical model, policies will tend to concentrate on 'compensating' people with impairments for what is 'wrong' with their bodies by, for example, targeting 'special' benefits at them and providing segregated 'special' services for them. Figure 2.2 (Lupton, 2014b) illustrates medical model understanding of disability.
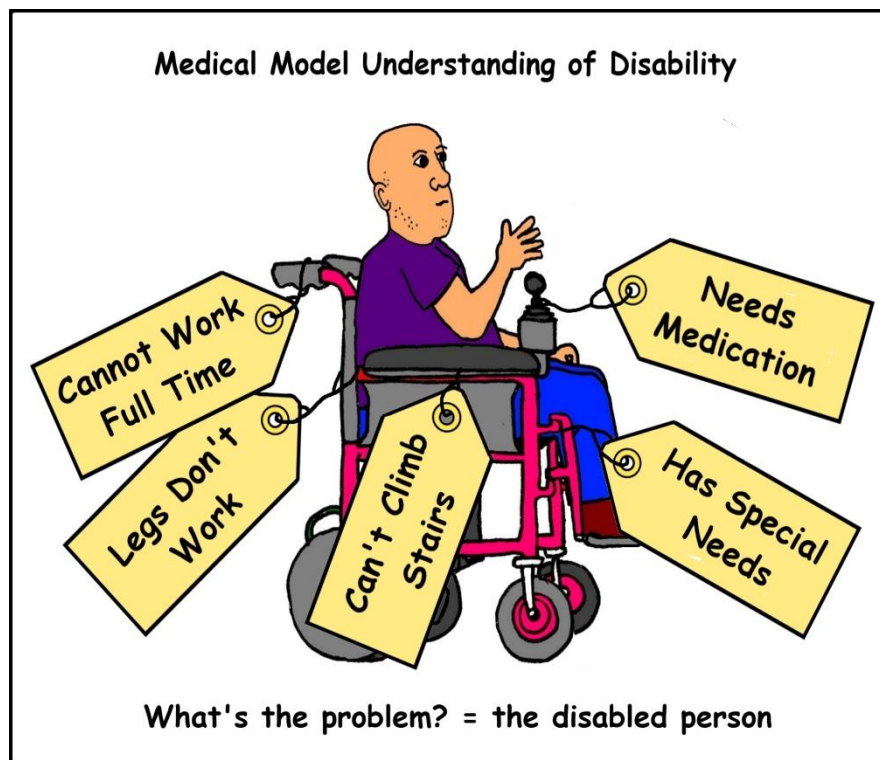
Figure 2.2 Medical Model Understanding of Disability (Lupton, 2014b)

The medical (individual) model has become one of the two most commonly used models used for deriving the definition of disability. It presents a view of disability as a problem of the person, directly caused by disease, trauma, or other health condition, which requires sustained medical care provided in the form of individual treatment by professionals (Kaplan, 1998). Sometimes referred to as the 'biomedical' model (Smart & Smart, 2006), the key feature of this model is the locating of disability in medical terminology. From the perspective of the medical model, management of the disability is aimed at a cure, therapy or the individual's adjustment and behavioral change that would lead to an 'almost-cure' or effective cure.

Another derivative of the medical model is a model of disability that is variously described as the 'expert', professional' or the 'rehabilitation' model of disability (Kaplan, 1998) which has provided a conventional response to disability issues. Within its framework, professionals follow a process of identifying the impairment and its limitations, using the medical model, and taking the necessary action to improve the position of the disabled person (Pfeiffer, 1998). It sees disability as a deficiency that must be fixed by professional help and has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client. Smart & Smart (2006) assert that when disability is viewed as being the individual's 'problem' or condition, it follows that it could be resolved by having medical treatment or professional intervention aimed at enabling the individual to be able to integrate into society and gain access to services and facilities.

In order to address the individual problems faced, medical model thinking means that the lives of disabled people are often handed over to the medical profession and non-disabled professionals. These professionals usually determine where disabled people go to school, what type of education they receive, where they may live, where they can work and, in extreme cases, whether they are born at all. Adults with disabilities living in a society that is primarily approached though a medical model may find themselves segregated in institutions, group homes, sheltered workshops, adult training centres and special hospitals. The medical model reduces the complexity of the individual and can perpetuate inequality, but other forces also operate which can create tensions and biases, such as cultural aspects, ethnicity and gender. Consequently, the medical model, when operating with other forces, denies disabled people the opportunities, choice and access that non-disabled people have (Bames, Mercer & Shakespeare, 1999). When lives are determined to a large extent by professionals, then it is difficult to break out of the cycle that disabled people are 'in need' and 'need care'. This conceptual framework allowed disability to be experienced, assessed, understood, planned for and justified (Llewellyn & Hogan, 2000; Swain, French & Cameron, 2003). Bames, Mercer & Shakespeare (1999) argue that the diagnosis and solution to disability is firmly entrenched in medical knowledge and that the medical model did not take account of the interaction between the person's impairment and the surrounding physical and social environment. Hence, medical model thinking leads to the view that the exclusion of disabled people is due

to their impairment and not as a consequence of the features in society which could be changed, as illustrated by Figure 2.3 (Democracy, Disability and Society Group, 2013a).
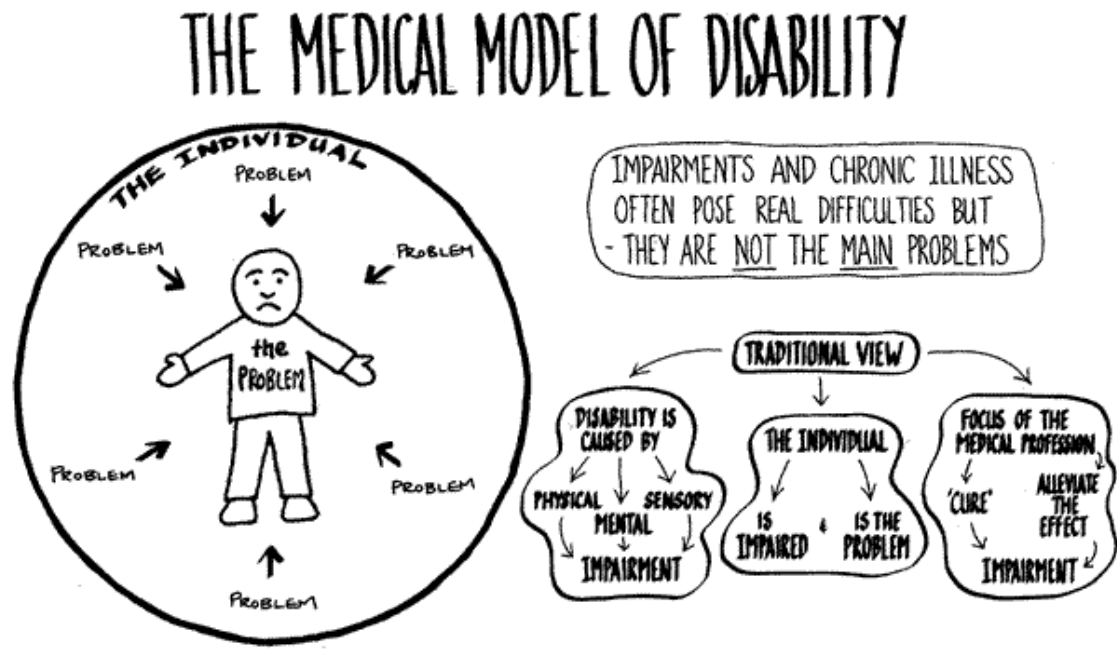
Figure 2.3 The effect of Medical Model thinking: 'Problem' individuals
(Democracy, Disability & Society Group, 2013a)

The expert, professional or rehabilitation model of disability was one of the the effects of medical model thinking, but Shakespeare & Watson (2001) assert that the medical model can also influence the way disabled people think and feel about themselves. The negative message it can convey, that all the problems of living with a disability stem from not having a 'normal' body, can be lead disabled people to believe that their impairments automatically exclude them from participating in social activities. According to Henderson & Bryan (2011), not only does this cause feelings of low self-esteem, but as they assert, this subversive form of oppression can make people with impairments less likely to challenge their exclusion from mainstream society. This belief that their impairments stop disabled people from participating in society, will eventually lead to their further segregation and exclusion.

Oliver (1983) originally conceptualised a model of disability which was linked to the medical model of disability, but which he termed the 'individual' model of disability. As with the medical model of disability, a fundamental characteristic of the individual

model of disability, as defined by Oliver, was that the 'problem' of disability was located within the person. The second key feature of this model was that the causes of this problem stemmed from "the functional limitations or psychological losses which are assumed to arise from disability" (Oliver, 1990, p. 3). For Oliver, medicalisation was one significant component of the individual model of disability, but it also included the personal tragedy theory of disability and psychological facets of disability. Oliver did not deny the influence of medicine, charity and welfare in the lives of disabled people, but argued that none of these offer a sufficient foundation for building a distinctive model of disability. This individual, medicalised model of disability was dominant in disability policy and service provision in Britain (Oliver 1996). The problem with the medical view of disability was that it tended to regard disabled people as 'having something wrong with them' and hence the source of the problem (Barnes, 1999). Despite this, Oliver was keen to point out that interventions based on the individual model of disability, be they medical, rehabilitative, educational or employment based, could still enhance the lives of disabled people.

Smart & Smart (2006), in their description of the 'functional' and 'environmental' models, define disability in relation to the skills, abilities and achievements of the individual in addition to biological and organic factors. In their analysis, the individual's disability and environment are considered to be the twin causes of disablement. Critics have argued that this fails to address the many social and economic barriers which also exist and this 'social' aspect of disability will be explored in more detail in the next section.

2.3 Defining disability from the British 'Social' model

Initially, the British social model arose in response to the critique of the medical model of disability. The model was formalised by Oliver (1983) and widely adopted by the disability movement. The British social model of disability contends that disabled people are oppressed by societal views of normality (Shakespeare & Watson, 1997). However, the social model should not be considered as one immovable unit, but as a cluster of approaches to understanding disability. As will be demonstrated below, different variants of the social model attribute varying prominence to a multiplicity of factors. However, according to Oliver (1996) and Swain et al. (2003), common to all variants of the social model is the belief that, at root, disability is a socio-political

construction and that it is barriers within the physical environment and negative social attitudes that disabled people encounter which result in the exclusion and discrimination of disabled people.

It was Oliver (1983) who originally conceptualised models of disability as the binary distinction between what he termed the 'individual' and the 'social' models of disability. The idea of the individual and the social model was taken explicitly from the distinction drawn between impairment and disability, the formal definitions provided by the Union of the Physically Impaired Against Segregation (UPIAS) in their 'Fundamental Principles of Disability' document first published in the mid-1970s. The Union of the Physically Impaired Against Segregation (UPIAS) made a distinction between impairment and disability, as follows:

- Impairment - an injury, illness, or congenital condition that causes or is likely to cause a long term effect on physical appearance and / or limitation of function within the individual that differs from the commonplace.
- Disability - the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers.

In the words of the UPIAS, disability is "something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society" (UPIAS, 1976 p. 3). The UPIAS definition (1976) was later extended by Disabled Peoples' International (DPI) to include intellectual impairments, sensory impairments and mental distress (Barnes, 1991). UPIAS describe themselves, not as people with disabilities, but as people with impairments who are disabled by the barriers they encounter on a daily basis, as illustrated in Figure 2.4 (Lupton, 2014c).

Oliver developed the UPIAS definition further and proposed that there were two different models of disability, the 'individual' (impairment) model and the 'social' (disability) model (Oliver, 1983). He suggested that the medicalisation of disability was inappropriate because it located the problem of disability in the wrong place; within the individual rather than in society. The social model, as defined by Oliver, specifically looks at the way in which the lives of disabled people are affected by the barriers that society imposes. The social model sees disability as a socially created problem, not

an attribute of the individual. It is society which 'disables' people through being designed in an inaccessible way and through disabling attitudes.
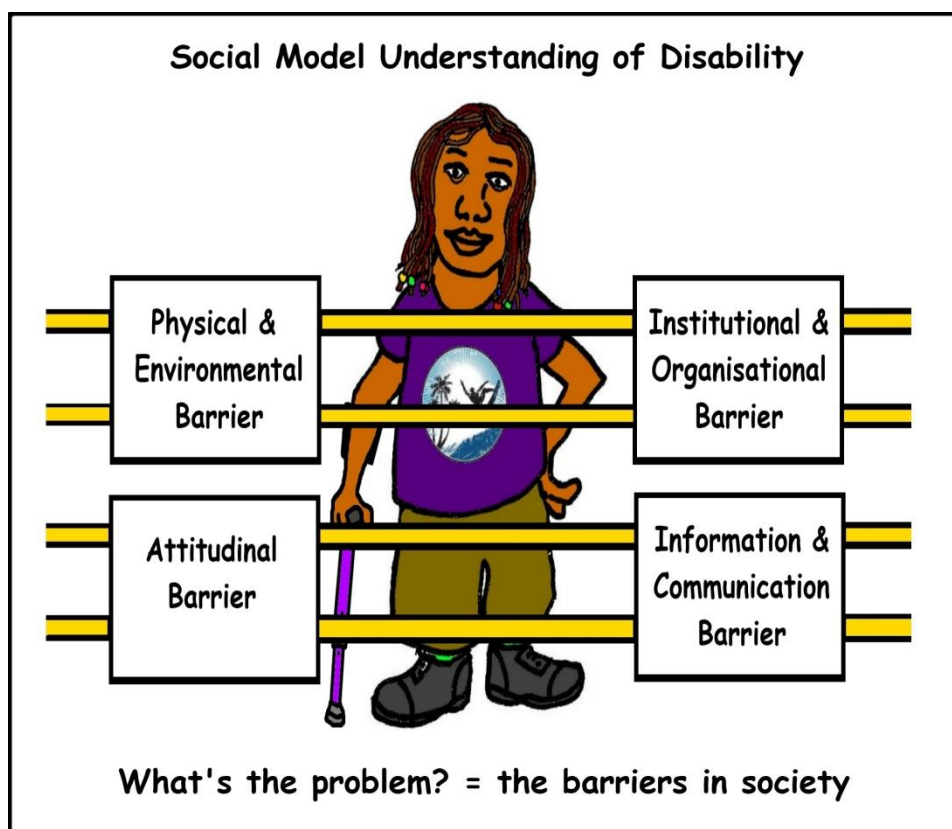
Figure 2.4 Social Model Understanding of Disability (Lupton, 2014c)

Many of the current debates centre on the nature of disability and on interpretations of the social model of disability, which proposes that disability is an externally imposed "disadvantage or restriction caused by a contemporary social organisation which takes little or no account of people who have … impairments and thus excludes them from the mainstream of social activities" (Oliver and Barnes, 2012, p. 18). Oliver felt that professionals who worked with disabled people were operating within a framework based on the individual model. In order to make their practice more relevant to the lives of disabled people, they needed to re-orient their work to a framework based upon the social model. From this framework, disability is shown as being caused by 'barriers' or elements of social organisation which take no or little account of people who have impairments. These barriers prevent disabled people from gaining equal access to information, education, employment, public transport, housing and social/recreational opportunities.

Disability is therefore no longer seen as an individual problem but as a social issue caused by policies, practices, attitudes and the environment (Oliver, 1983). For example, a wheelchair user with a physical impairment is prevented from entering a building as it has a flight of steps. It is the absence of a ramp that prevents the wheelchair user from accessing the building, that is, the lack of a ramp is the barrier and the individual impairment of the wheelchair user is not the disabling factor. Campbell & Oliver (1996) acknowledge that it is discriminatory attitudes and inaccessible environments that continue to cause the real problems in the lives of people living with impairments. Figure 2.5 (Democracy, Disability and Society Group, 2013b) illustrates the effect of social model thinking.
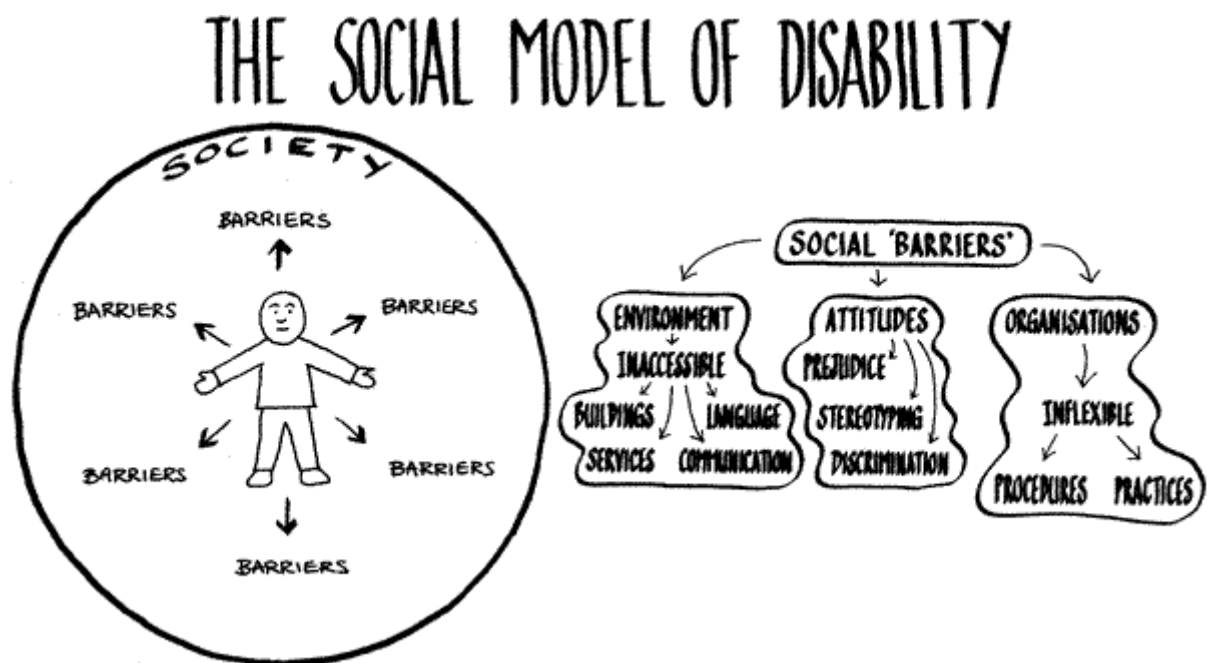
Figure 2.5 The effect of Social Model thinking: Barriers within society
(Democracy, Disability & Society Group, 2013b)

Oliver's social model is still relevant today and whilst much debate has taken place since then the fundamental issues raised are still contemporary and continue to be discussed (Oliver & Barnes, 2012). The 1995 Disability Discrimination Act and 2010 Equality Act have moved things forward but not really had the level of impact that disabled people had hoped for, as is demonstrated by this thesis. They are cumbersome legal mechanisms reliant on medical model definitions and require great effort from individuals being discriminated against to bring cases to court, often against powerful and wealthy commercial entities (Centre for Accessible Environments, 2016).

The development of the social model of disability by disabled people themselves is a rejection of the individual model, which does not deny the problem of disability but bases it, not on individual limitations, "but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation" (Oliver, 1990, p. 3). Table 2.1 highlights some of the differences between medical model thinking and social model thinking.

Table 2.1 Contrast between the Medical (Individual) Model and the Social Model

Setting	Medical (Individual) Model	Social Model
Disability is…	a 'personal tragedy'	the experience of social oppression
Disabled people are…	Faulty	Valued
Underlying issue is…	personal	Social
People will benefit from…	medicalisation, diagnosis, 'cure'	self-help groups and systems
Expertise is...	held by (qualified) professionals	the experience of disabled people
Expertise comes from…	professional dominance	collective responsibility
Disabled people should…	let professionals take control	make their own choices
Disabled people need…	assessment, care	rights, resources
Disabled people…	must learn to adjust	should receive affirmation
Identity is referenced as…	'The Disabled' – individual	Disabled people - collective
Disability matters are…	a policy issue	a political issue
Improve matters by…	making individual adaptations	social change
From this framework…	society remains unchanged	society evolves

Oliver further contends that the effects of this fall on disabled people as a group, who experience this failure as discrimination institutionalised throughout society. If social and environmental barriers were removed, there would be a more realistic possibility of disabled people living a more equal life alongside non-disabled people (Oliver, 1990). From this perspective, equal access to the built environment for disabled

people is seen as a human rights issue, which is in sharp contrast to the framework based on the medical (individual) model. The social model is not a traditional diagrammatic model like many psychological and sociological models, but a progressive political concept that opposes the medical model commonly used in the health professions. Oliver and Barnes (2012), whilst recognising that some individuals have physical or psychological differences which can affect their ability to function in society, distinguish between an individual's impairment and the disability that society creates. Recasting disability as a form of social oppression, like racism, homophobia and ageism has been a vital part of the move towards the emancipation of disabled people within society. Social model thinking has highlighted and challenged the social and economic disadvantage faced by disabled people (Oliver and Barnes, 2012) and has remained the dominant model for researching disability and for addressing disability from within a socio-political framework.

The social model has been conceptualised into different forms, such as the 'social action' or 'rights-based' model which contends that it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life (Shakespeare & Watson, 2001). The issue is both cultural and ideological, requiring individual, community, and large-scale social change and the use of the term 'impairment' to describe an individual's condition and the use of the term 'disability' to describe the social discrimination and disadvantage that inevitably follow.

The bio-psychosocial model of disability sees disability as an interaction between the individual's health condition and the environment they live in. The bio-psychosocial model proposes that both the medical and social models are appropriate, but that neither model offers a full explanation when taken in isolation. The bio-psychosocial model is based on the 2001 World Health Organisation's '*International Classification of Functioning, Disability and Health*' (ICF) framework for measuring health and disability. This replaced the WHO original classification in 1980, the '*International Classification of Impairments, Disabilities, and Handicaps*' (ICIDH), which was largely discredited for its medical focus and for emphasising the limitations of people's abilities as the key determinant of disability (Imrie, 2004). The ICIDH demonstrates a broader, more modern view of the concepts of 'health' and 'disability' that acknowledges all

people can experience some level of disability throughout their lives. As such disability is considered to be a universal human experience (WHO, 2001). From this model, a person's ability to function is viewed as the outcome of the interactions between the medical factor and contextual factors. The contextual factors can include external environmental factors such as attitudes and the built environment, but also internal personal factors such as coping styles, social background and education (The Back-Up Trust, 2012). These other factors influence how disability is experienced by the individual. However, the bio-psychosocial model has been roundly rejected by disabled communities due to its adoption by and use by policy makers involved in benefit assessment (Shakespeare, Watson & Alghaib, 2016; Pring, 2016).

Another subset of the social model is what Kaplan (1998) refers to as a disability model, which views disability as a normal aspect of existence, which most people will experience during their lifetime. Whether through a broken limb, the commencement of a permanent injury, physical impairment or the onset of old age, at some time in our lives we will all have some kind of impairment, even if it is only for a short period of time. This definition reflects the idea that to a large extent, disability is a social construct, that is, it is not the condition of the person, but the built environment and the social organization of activities, which are the source of the problem. It recognises social discrimination as the most significant problem experienced by disabled people and as the cause of many of the problems that are regarded as intrinsic to the disability. Disability is regarded by society as abnormal, hence disabled people are treated with indifference, whereas disability should in fact be universally accepted to the extent that environments are consistently designed to accommodate all abilities (Kaplan, 1998). Kaplan's disability model was increasingly embraced by disability rights and independent living movements.

A more recent subset of the social model is the 'affirmative' model of disability. This model builds on the emancipatory nature of the existing social model, and affirms that physical difference should be something to be respected and valued on its own terms as part of ordinary human experience. Emerging from literature by disabled people and rooted in the disability arts movement, the affirmative model reinterpreted the experience of disability in positive, rather than negative terms. The authors Swain and French (2000) applied this model to examine the meaning of disability through the

experiences of people with impairments living in a disabling society. This view arose in direct opposition to the tragedy/charity model of disability and encompassed positive social identities, both individual and collective, for people with impairments.

The affirmative model provided a framework for understanding that, whilst impairment is an essential part of personal identity, disabled people do not want pity or charity, but to have a social role in mainstream society (Masefield, 2006). It identifies impairment as a characteristic of human difference to be valued on its own terms. Disability is not just about what people with impairments are prevented from doing and being, but about what they are required to do and be instead. Whether this involves taking on roles of passive dependency or triumph over tragedy, either way negates the lived experience of impairment and signifies the desirability of normality. The affirmative model demands a recognition of impairment as an ordinary rather than an extraordinary characteristic of human experience, and for inclusion within ordinary life on that basis. Figure 2.6, (Lupton, 2014d) illustrates the move towards an affirmative model of disability.

Figure 2.6 The Affirmative Model of Disability (Lupton, 2014d)

Advocates of the affirmative model set out a position from which it can be asserted that, far from being necessarily tragic, living with impairment can be experienced as valuable, exciting, interesting and satisfying. This is not to deny the negative experiences resulting from impairment, but to note that this is not all that impairment is about (Cameron, 2011). The positive reflection given to the life experience of being

impaired rather than the dominant negative view of impairment as a personal tragedy, was seen as a prerequisite for creating accessible environments that include disabled people in mainstream society. Cameron took this framework further as part of his PhD thesis and developed definitions of disability and impairment within the affirmative model:

- Impairment: Physical, sensory, emotional and cognitive difference to be expected and respected on its own terms in a diverse society:
- Disability: A personal and social role which simultaneously invalidates the subject position of people with impairments and validates the subject position of those identified as normal (Cameron, 2011 pp.10-12).

Disability is a complex and socially constructed phenomenon and impairment does not necessarily have to lead to disability. Identity is both complicated and multi-faceted and people with impairments assimilate them into their identity in different ways. In this sense, the affirmative model of disability reflects the ordinariness of impairment.

Undeniably, there are many interpretations of the social model, but the central belief is that people with impairments are disabled by the fact that they are excluded from participation within mainstream society as a result of physical, organisational and attitudinal barriers. Although variants of the social model exist, it has remained constant for several decades and its importance as a political or disciplinary organising principle cannot be underestimated (Oliver & Barnes, 2012; ODI, 2014a). It has been argued that the social model underpins equality law and disability equality training and has been taken up by disabled people as a powerful tool in eradicating disabling barriers such as negative attitudes and inaccessible environments.

Table 2.2 lists those models of disability that have been selected as relevant to the research and briefly describes how each of these models frames or understands disability. The models outlined in the table were those that frequently appeared in literature relating to disability and disability research, in terms of their impact on access to and participation in society. This table provides clear examples of how models ultimately shape attitudes, thinking and behaviour towards disabled people.

Table 2.2 Selected models of disability and their definitions

Model	Definition of disability	Reference
Moral/ Religious	Associated with feelings of guilt and shame and as the result of sin e.g. birth conditions are due to actions committed in a previous reincarnation, or misdemeanours committed by the disabled person, someone in their family/ community group/ forbears	Kaplan 1998 Lum 2010 Olkin 2012
Tragedy/ Charity	A personal problem caused by impairment, deficiency etc., Assumes that disabled people cannot function properly in society unless they become "normal". Portrays disabled people as sad, helpless victims of circumstance who are deserving of pity	Henderson & Bryan 2011
Medical Individual	A defect /fault/abnormality in the individual that needs curing through medical intervention; disability is related to medical conditions, which prevent the individual from interacting with society. Sometimes referred to as the biomedical model, see below	WHO, 1980; Barnes 1991 Mason, 2000
Biomedical	An individual problem, which could be resolved by having medical treatment that enables disabled people to integrate in society and gain access to the environment	Smart & Smart 2006
Rehabilitation/ Expert/ Professional	A deficiency that must be 'fixed' by rehabilitation or other professional help. The professional takes control of the situation and makes the decisions, whilst the client remains passive and dependent. Another offshoot of the medical model	Kaplan 1998 Devlieger et al. 2003
Functional and Environmental	Related to the skills/achievements of the individual in addition to biological and organic factors – i.e. individual disability and environment are the main causes of disablement	Smart & Smart 2006
Social	The basic principle is that social barriers, not individual impairments, cause disability. People with impairments are disabled by being excluded from participation within mainstream society as a result of physical and organisational barriers	UPIAS 1976 Oliver 1990
Socio-political/ Minority	The disadvantages experienced by disabled people are not related to their disability, but to social constructions and negative attitudes. They are an oppressed minority group	Pfeiffer 1998 Olkin 2012
Social action/ Rights-based	The issue is an attitudinal and ideological one requiring social change. It is the collective responsibility of society at large to make environmental (and emotional) changes. Disabled people have the right to independence, self-determination and full participation in mainstream society on an equal basis with everyone else	Johnstone 2001 Harpur 2012
Social-relational	There are two types of barrier, "barriers to being", caused by attitudes to impairment; and "barriers to doing" caused by restrictive environments in a non-disabled society	Thomas 2004
Bio-psychosocial	Limitations of impairment are related to interactions between biology, personal factors and broader environmental constraints. Can sometimes be referred to as the integrated model of disability	Imrie 2004
Affirmative	A non-tragic view of disability and impairment, which promotes positive ways of looking at who disabled people are, individually and collectively. Opposite of the charity model	Cameron 2011
Empowerment	The professional is a service provider whose role is to carry out the client's decisions - "empowers" the individual to pursue his/her own goals. Opposite of the expert model	Charlton 1998
Economic	Assesses the degree that impairment affects individual productivity and examines the economic consequences for individuals, employers and the state	Smart 2004
Market	As disabled people and their stakeholders become more prevalent in society, the demand for access will have to be met. Minority rights and consumerist model	Smith 2007b
Legitimacy	A value-based determination. This viewpoint allows for multiple explanations and models to be considered as viable. Lesser known and not commonly used	DePoy & Gilson 2004

However, it is important to note that the models of disability have not been evaluated as a series of exclusive options, but as a developing continuum on social attitudes to disability. There are, and will continue to be, many ways to define disability and perspectives sometimes overlap or reinforce each other, for example, the charity model and medical model often work to reinforce each other.

Whilst its contribution to the dominant legislative, social-science and humanities theory for understanding disability is generally accepted, the social model has been criticised. There were two main areas of concern with the social model (i) that there was no place for impairment; and, (ii) that it did not account for the complexities and variances within the disabled community (Shakespeare, 1994) including divergences of race, gender (Thomas, 1999) sexuality and age. The social model could only ever offer a partial view of what was happening in the disabled world and as such was limited. People with different impairments (sensory, physical, intellectual, cognitive, etc.) will experience varying degrees of disability based on their social and environmental contexts. Therefore, what is considered a disability can vary across different geographic and cultural contexts and how disability is experienced can be a combination of physical, environmental and personal factors.

Detractors from the social model argued against extreme versions of the social model, contending that an adequate conceptualisation of disability requires that impairments are recognised as an objective basis for classification, to distinguish disability discrimination from other types of discrimination (Shakespeare, 2006; Swain & French 2008). The social model has also been criticised for not reflecting or articulating the needs and interests of people with specific types of impairment, such as deafness and intellectual disability.

Despite the ongoing critical debate about the adequacy of the social model as a theoretical tool to address and explain disability in all its aspects, it is the social model which has been the most important in terms of disability organisations, policies and guidance. In terms of setting the background to British academic and political debates over disability, it is the social model that "has now become the ideological litmus test of disability politics in Britain, used by the disabled people's movement to distinguish between organisations, policies, laws and ideas which are progressive, and those

which are inadequate" (Shakespeare & Watson, 2001, p2). The British social model defines disability in terms of social oppression and as such was fundamental to pinpointing a political strategy, that is, the removal of barriers in order to reduce this oppression.

Previously, eliminating or reducing the perceived 'disadvantages' tended to treat disability as the primary source of those disadvantages, to be addressed with medical correction or government compensation. This was slowly replaced with a view of disability as a source both of discrimination and oppression and of group identity, similar to race and gender. If disability resulted from inequality and social barriers, then campaigners in Britain pressed for legislation to address this injustice. The influence of the social model on the subsequent disability policy will be explored in the next section.

2.4 The influence of the social model on British disability policy

The social model of disability had a far reaching impact in the UK, changing the understanding of disability and locating the 'problem' as being within society, not the individual (Barnes, 1999). In Britain, the politicisation of disabled people and their organisations moved into a new, more militant phase (Campbell & Oliver 1996). Disabled activists became increasingly discontented with pressure group activity as a means of achieving social change. Prior to the 1970s, interest in disability was limited almost exclusively to conventional, individualistic medical explanations (Barnes et al., 1999). Underpinning the political demands of disabled people and their organisations was the socio/political re-interpretation of disability represented by the social model.

In Britain during the 1970's, many disabled people spearheaded a campaign for equality from a human rights perspective and fundamental to this argument was the right to access to education, employment, transport, services and the built environment. As a result, various legislative measures and policy initiatives were introduced to address disability issues in Britain, beginning with the Chronically Sick and Disabled Person's Act in 1970. The Act is widely regarded as the first piece of legislation in the world to introduce policies to improve equal opportunities for disabled people in community based services, education, housing and public buildings. The 1970 Act required that buildings and facilities designed, constructed or altered with

government funds or that were leased by government agencies should be accessible for disabled people. Critically however, this first piece of legislation did not clearly define disability, making it difficult to address discrimination. The later successes of the 1975 Sex Discrimination Act and the 1976 Race Relations Act increased the demand for similar legislation designed to meet the needs and rights of disabled people, based on the principle of equality.

The British social model became a key factor in the mobilisation of disability activism during the 1980s and 1990s. This is illustrated by the struggle for anti-discrimination legislation to outlaw discrimination against disabled people and the campaign to legalise direct payments to enable disabled people to employ their own support workers (Campbell & Oliver, 1996). In 1992, the British Government acknowledged for the first time that disability discrimination was a major problem and three years later the Disability Discrimination Act became law. The 1995 UK Disability Discrimination Act (DDA) was established to protect disabled people against discrimination, both in employment and when using a service or facility. The DDA 1995 set out rights for disabled people in five areas - access to goods, facilities and services, buying or renting land or property, employment, education and transport.

Within the Act, an individual is defined as disabled if they have "a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities" (HM Government, 1995, Part I: S1). The Act stated that discrimination occurs when a disabled person is treated less favourably than others because of impairment (and this treatment cannot be justified), or when an organisation fails to make a reasonable adjustment to accommodate a disabled person (and that failure cannot be justified). Reasonable adjustments comprised of a series of duties which fell into three areas: (i) Changing practices, policies and procedures; (ii) providing auxiliary aids and services; and, (iii) overcoming a physical feature by removing, altering or avoiding it, or by providing the service through alternative means (HM Government, 1995). Access rights are enshrined in the 1995 Disability Discrimination Act (DDA) and, in response to its provisions, a system of individual redress between a service provider and disabled person arose. Table 2.3 provides an historical summary of disability legislation and activity in the UK.

Table 2.3: Historical timeline of disability legislation and activity in the UK

Year	Legislation/Activity	Significant event(s)
1944	Disabled Persons Employment Act	Introduced the 'green card' scheme, the first legal definition of a disabled person and stated that services and facilities had to be reasonably accessible for disabled employees. Despite this, disabled employees were often segregated in 'sheltered workshops'.
1948	The National Health Service Act and the National Assistance Act	The National Health Service and the National Insurance Scheme are introduced as part of the welfare state. Marked the end of the 'deserving poor' charity approach to disabled people, but segregation continued in special wards and residential institutions.
1950 - 1960	Disability equality-activist action	Greater London Association of Disabled People (GLAD) set up. Scope (originally 'The Spastics Society'), founded by three parents and a social worker, campaigns for equal rights to an education for disabled children. The formation of Disablement Income Group (DIG). First major Disability Rally takes place in Trafalgar Square, London 1966.
1967	British Standard Code of Practice (CP96)	British standard established which covers disabled access to buildings. Selwyn Goldsmith (a disabled architect) is put in charge.
1969	Chronically Sick and Disabled Person's Bill	Alf Morris, MP wins the right to present a Private Members Bill to Parliament, which is endorsed by the House of Commons.
1970	Chronically Sick and Disabled Person's Act (1970) and the Amendment Act (1976)	The first recognition in legislation of the need to provide access in the built environment contained in Section 4 of the CSDP ACT 1970, which required anyone in charge of public buildings to make adequate provision for disabled people with regard to access, toilets and parking facilities. Section 6 extended this requirement to places of accommodation, refreshment and entertainment. Section 8 related to access and facilities at universities and schools. The amendment Act of 1976 extended these requirements to places of employment. A lack of clarity existed as to which government department had responsibility for each area, how the provisions of the act would be enforced and whether these provisions applied to new buildings or alterations to existing buildings. The Act was passed without any input from disabled people and there were no penalty sanctions for non-compliance.
1971-74	Disability equality-activist action	Association of Disabled People (APG) established. Paul Hunt writes a letter to The Guardian newspaper calling for equality for disabled people. His letter inspires the start of a united struggle against discrimination. Spinal Injuries Association (SIA) formed. One of the first impairment based charities to be run by disabled people. The Disability Alliance formed with the aims of reducing poverty amongst disabled people in the UK
1974-77	Disability equality-activist action	Union of the Physically Impaired Against Segregation (UPIAS) is formed and moves the focus away from welfare towards rights. UPIAS is the first group to articulate the social model of disability and publishes 'Fundamental Principles of Disability' in 1977. Formation of RADAR (Royal Association of Disability and Rehabilitation).

Year	Legislation/Activity	Significant event(s)
1979	BS5810: Code of Practice for Access for the Disabled to Buildings	Stated the basic architectural provision that should be incorporated in new buildings to make them convenient for use by wheelchair users and by those with sensory impairments. The recommendations, which could also be used as guidelines for the adaptation of existing buildings, did not apply to domestic housing (covered in BS 5619). Most architects and designers took their guidance from this straightforward document containing only eight pages of relevant information. Much of this information was taken from Selwyn Goldsmith's 'Designing For The Disabled.'
1979	Disability equality-activist action	Graeae theatre company launched - the first all-disabled theatre company in Britain.
1980	Disability equality-activist action	The first UK Centres for Independent Living (CILs) established in Hampshire, Derbyshire and Greenwich.
1981	International Year of Disabled People (IYDP)	Disabled People's International is formed as a reaction to the refusal of The Rehabilitation International to share power with disabled people. The British Council of Disabled People (BCODP) is established as an umbrella body that supports and encourages the development of hundreds of new organisations controlled by disabled people across the UK during the 1980s.
1981	Disabled Person's Act	The International Year of Disabled People provided the impetus for a review of the 1970 Act and 1976 amendment. In 1981 The Disabled Persons Act, a private members bill was used in an attempt to achieve greater effectiveness for the provisions within the 1970 Act. Section 6 of the Disabled Persons Act 1981 sought amendments to bring in a body which would decide what access arrangements should be made. In 1984 The Access Committee for England (ACE) was set up by the Department of Health and Social Services. This group pushed for access and facilities for disabled people to be incorporated into the Building Regulations.
1982	The Commission of Restrictions Against Disabled People (CORAD) report	Advised that there should be legislation and a Commission to implement it, but this was turned down by the Government. CORAD began the campaign for civil rights legislation that culminated in the Disability Discrimination Act.
1982	Disabled Persons Act	Building providers must comply with codes of practice so that access for disabled people was built in to the design.
1985-87	The Building Regulations	Part T 'Access and Facilities for Disabled People' reached the statute books in August 1985. Part T was applied to all floors of new office and shop buildings to which the public may be admitted. In addition it required a number of wheelchair spaces in halls, auditoria and sports stadiums and access to a wheelchair accessible toilet. Schedule 2 in November 1985 was supported by Approved Documents, which gave practical guidance about ways in which the requirements of these regulations could be met. In September 1986 the Government amended Schedule 2 to a more functional style, in line with the rest of the Building Regulations. This became the Approved Document M of the Building Regulations 1985 'Access for Disabled People', which contained: M1. Interpretation; M2. Means of Access; M3. Sanitary conveniences; M4. Audience and spectator seating.

Year	Legislation/Activity	Significant event(s)
1988-93	Disability equality-activist action	'People First' and the Campaign for Accessible Transport (CAT) are founded. CAT becomes one of the first disabled people's groups to use direct action. In 1993 CAT and 'Block Telethon' actions lead to the new disabled people's Disability Action Network (DAN) carrying out over 100 protest actions during the next five years.
1991	Approved Document M of the Building Regulations 1991	The Building Regulations were again revised in 1991 following consultation with the Access Committee for England (ACE), Local Authorities and disabled peoples groups. This revision came into force in June 1992. A further revision, which extended the provisions to dwellings, came into force on 25th October 1999. The definition of disabled person was widened to 'include those who have impaired hearing or sight', although the regulations still only required that 'Reasonable' provision be made.
1995	Disability Discrimination Act (DDA)	Introduced legislation to outlaw discrimination against disabled people. The DDA was limited in scope and the duty to treat people equally was subject to a 'reasonableness' caveat. The definition of disability is based on the medical model. It covered Disability (Part I); Employment (Part II), Access to goods, facilities and services (Part III) came into force in 2004; Buying or renting land and property (Part IV), Education (Part IV), Public Transport (Part V).
2000	Disability equality-activist action	Disability Rights Commission (DRC) established.
2001 Revised 2009	BS8300: Code of Practice	Covered both domestic and non-domestic buildings and their approaches. The recommendations contained within the document are primarily for application to new buildings; they can, however, be used as a guide in assessing the accessibility of existing buildings. The March 2009 version of BS 8300 picks up topics from the 2001 version, but had some significant areas of development including: Slip resistance; Visual contrast; Doors and doorways; and, Accessible bedrooms. One of the most noticeable changes to BS 8300 is the recommendation for the provision of 'Changing Places' toilet facilities for use by disabled persons and their carers where conventional accessible toilets are inadequate.
2004	Disability Discrimination Act (DDA)	Deadline for when Part III - Access to goods, facilities and services had to be implemented.
2004	The Building Regulations 2000 Approved Document M - Access to and use of buildings (incorporating 2010 and 2013 amendments)	Came into force in May 2004 and further extended the provisions of the regulations. Subsequent versions reflected any changes arising as a result of the Building Regulations 2010 and 2013 amendments. Part M to the Building Regulations require that people, regardless of disability, age or gender are able to gain access to buildings and use their facilities, both as visitors and people who live or work in them.
2005	The DDA amendment act	Extended anti-discrimination protection to land transport, small employers and private clubs, extended the definition of disability and introduces a public duty to promote disabled people's equality and 'involve' disabled people. Disability Equality Duties for public sector bodies introduced through the Disability Discrimination Act 2005. The Prime Minister's Strategy Unit publishes its report, *Improving the Life Chances of Disabled People*, setting out recommendations for achieving disabled people's equality by 2025.

Year	Legislation/Activity	Significant event(s)
2005	The DDA amendment act	Recommendation 4.3 of the report says that by 2010 there should be a user-led organisation, (similar to the Centres for Independent Living) in every locality.
2006	Special Educational Needs and Disability Act (SENDA)	Legislation that established legal rights for disabled students in pre- and post-16 education. *SENDA* introduced the right for disabled students not to be discriminated against in education, training and any services provided wholly or mainly for students, and for those enrolled on courses provided by 'responsible bodies', including further and higher education institutions and sixth form colleges.
2007	UN Convention on the Rights of People with Disabilities	Opens for signature. UK Government agrees to roll-out individual budgets nationally.
2007	Putting People First	Government strategy proposes that all users of social care should have access to a personal budget to enable them to exercise choice and control over their support.
2010	The Equality Act	The UK Government ratifies the United Nations Convention on the Rights of People with Disabilities. It applies to the 12 million disabled children and adults in the UK. The Single Equality Act is passed by Parliament days before the general election. It outlaws direct or indirect discrimination and harassment in employment, vocational education and the provision of goods and services, for a total of nine protected characteristics including disability. It also outlaws discrimination because of association with a disabled person or because of the perception that someone is disabled.
2011	Public Sector Equality Duty Act (PSED) s.149 of the Equality Act 2010	Required public authorities, in carrying out their functions, to have due regard toward the need to achieve the objectives set out under s149 of the Equality Act 2010 to: Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
2011	Disability equality-activist action	The Hardest Hit Campaign is formed by the Disability Benefits Consortium (DBC) and the UK Disabled People's Council, bringing together disabled individuals and groups to protest against Government cuts to benefits and services.
2012	Disability equality-activist action	The Olympic Games and Paralympic Games are held, setting new design standards to ensure that they are the most accessible ever. London uses the Games to step up its accessibility drive and become one of the most accessible cities in the world. Extensive media coverage of Paralympic games shows disabled people as successful elite athletes. One of the legacies is that the planning and development put into increasing accessibility for the Games is continued post London 2012, and also across the UK.

Despite the influence of the social model, the medical model is still evident in aspects of the DDA most notably in the definition of disability. Secondly, it associated impairments with the ability to carry out normal day-to day activities, without correlating it to social and physical barriers that could prevent a person with disability from interacting with his/her society. As such, attributing disability with a long period of time, in addition to the requirement of providing proof of disability, would inevitably mean that many individuals with disabilities would have impairments that did not fit within these variables. Furthermore, the need for a disabled individual to go to court to prove that they were impaired was detrimental to achieving disability equality. Whilst the term 'disabled' was still defined according to the medical model and the restrictive understanding this imposed, the legislation in Britain began reflecting social model thinking. The social model of disability played a major role in the development of policies in the UK designed to address social and architectural barriers and was seen by many as an acknowledgement that societal barriers can result in the segregation of disabled people. There was a widely held belief that the social model of disability had a substantial impact on promoting social inclusion and this was demonstrated by the anti-discrimination legislation which mandated that the built environment should be accessible for disabled people (Oliver, 1996; Barnes, 1999). Following on from the Disability Discrimination Act, the legislative process in Britain continued to address the unfavourable treatment of disabled people and the removal of barriers.

The DDA was passed in 1995 and came into force in December 1996. Under its employment provisions (Part II), it was unlawful to treat a disabled employee less favourably than a non-disabled employee for a reason related to their disability. The Act also required an employer to make 'reasonable adjustments' where the person concerned is at a substantial disadvantage compared with non-disabled people. Initially, businesses with fewer than 20 employees were exempt, but this exemption was reduced to 15 employees in 1999 and removed altogether in October 2004. Service in the Armed Forces is the only remaining exception. The development of legislation to improve the rights of disabled people is an ongoing process and provisions of the 1995 Disability Discrimination Act were implemented over time and in stages. Significantly, the provisions relating to access to goods, facilities and services (Part III) came into force in October 2004. From 1 October 2004, Part III of the DDA 1995 required businesses and other organisations to take reasonable steps

to tackle physical features that act as a barrier to disabled people who want to access their services, goods or facilities (HM Government, 2005a). As such sports clubs were expected to make 'reasonable adjustments' in relation to the physical features of their premises to overcome physical barriers to access (Access Sport, 2015). Examples of reasonable adjustments include: installing an induction loop for people who have a hearing impairment giving the option to book tickets by email, as well as by phone providing disability awareness training for staff and volunteers who come into contact with the general public providing larger, well-defined signage for people with impaired vision putting in a ramp or lift at the entrance to a building instead of, or as well as, steps improving access to toilets or washing facilities (Access Sport, 2015).

The 1995 Act was enhanced in later legislation and the 2005 Disability Discrimination Act introduced the Disability Equality Duty (section 49A), which required all public sector authorities to actively promote disability equality. The 2005 Act was aimed at public bodies and set out a general duty outlining the need to eliminate harassment, promote positive attitudes towards disabled people, encourage participation by disabled people in public life and promote equality of opportunity (HM Government, 2005a). Notably, in meeting disabled people's needs, the Act allowed for more favourable treatment. In addition, from December 2005, regulation 2 of the Disability Discrimination Regulations 2005 tasked most public authorities with a statutory duty to prepare and publish a Disability Equality Scheme. Regulation 3 of the 2005 DDA gave public authorities a period of three years from when their Scheme was prepared in which to implement it (HM Government, 2005b).

The Disability Discrimination Act 2005 was replaced by the Equality Act 2010 which came into force in October 2010 (and covered England, Wales and with some exceptions Scotland). The new Act harmonized the fragmented discrimination legislation and replaced all previous equality legislation, including the Sex Discrimination Act 1975, the Race Relations Act 1976 and the Disability Discrimination Act 1995. The Act brought in new language and concepts. In terms of the language used, the terminology moved from describing disability as an 'equality strand' to a 'protected characteristic' (HM Government Equalities Office, 2010). The new Act replaced all previous equality legislation and expanded the six equality strands to cover nine protected characteristics "age, disability, gender reassignment, marriage

and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation" (HM Government, 2010a, p.4). Chapter 2 of the Act was concerned with prohibited conduct: Direct discrimination; indirect discrimination; discrimination arising from disability; harassment; victimisation; and failure to make reasonable adjustments in order to accommodate a person's disability (HM Government, 2010a). The range of protected characteristics covered within the Equality Act (2010) recognised that people have multiple identities. The Equality Act (2010) carried forward and enhanced the protection provided for disabled people by the Disability Discrimination Act (1995), with some key differences, as shown in Table 2.4.

Legislation which preceded the Act enshrined a positive duty to build good relationships between men and women, disabled and non-disabled people and ethnic groups. However, as Cameron (2011) attests, disabled people are still often marginalised by the non-disabled majority. The forerunner to the Equality Act 2010 was a report by the Equality Review Panel set up by the Labour Government entitled "Fairness and Freedom" (Equalities Review, 2007). This was followed by the new Coalition Government's policy programme "Freedom, Fairness, Responsibility" (HM Government, 2010c). Whilst the Equality Act 2010 formed the basis for determining what was legal, it was designed to promote the principles of building a fairer and more equal British society, as envisioned in the previous reports. Fundamentally, the 2010 Equality Act was devised to offer protection to people if they are harassed or discriminated against on the basis of a protected characteristic, or if they are victimised as a result of action taken in connection with the Act (HM Government Equalities Office, 2008). The Government's Equalities Office (2010) states that under the Equality Act, a person is judged to be disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. For the purposes of the Equality Act 2010, 'substantial' means more than minor or trivial, 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months and 'normal day-to-day activities' include every day occurrences such as walking, eating, washing and shopping (HM Government Equalities Office, 2010). In order to qualify for protection from discrimination, a disabled person no longer had to show that their impairment affects a particular capacity, such as mobility or speech, hearing or eyesight.

Table 2.4 Key differences between the Equality Act 2010 and the Disability Discrimination Act 1995 (HM Government Equalities Office, 2010)

Equality Act 2010	Disability Discrimination Act 1995
Protects disabled people against direct discrimination in areas beyond the employment field; the ban on direct discrimination applies in other areas, such as access to goods, facilities and services.	In 1995, direct disability discrimination was only unlawful when it happened in relation to work. This changed in 2004 to extend beyond employment.
Introduced improved protection from discrimination that occurs because of something connected with a person's disability. * *See note*	The law regarding unfavourable treatment arising from, or connected with disability was not fully effective.
Introduced the principle of **indirect discrimination** i.e. a rule, policy or practice that applies to everyone but which particularly disadvantages disabled people. * *See note*	No principle of indirect discrimination, although service providers were required to make reasonable adjustments for disabled people.
Legal requirement for service providers to make changes to improve service for disabled customers or potential customers, including changing policies, altering the built environment and providing auxiliary aids.	Reasonable adjustments to premises, policies, practices and procedures had to be made by service providers so that a disabled person could use the service.
Introduced protection from disability-related harassment in services and areas beyond employment.	Protection for disabled people from harassment was related to employment only.
New protection from direct disability discrimination/harassment where this is based on a false perception that the person is disabled or on a person's association with a disabled person.	Protection did not extend to people who are mistakenly thought to be disabled, or people who experience discrimination because of their association with a disabled person.
Provision to limit the type of enquiries a recruiting employer can make about disability/health when recruiting new staff.	Not previously provided for.
Disability is one of nine protected characteristics covered under the Equality Act	Disability was the one (and only) equality strand covered by the DDA

- *NOTE: Indirect discrimination may be justified if it can be shown to be a proportionate means of achieving a legitimate aim*

Previously direct discrimination applied only in relation to work, but Section 29 of the Equality Act widened the ban to apply to access to goods and services. In Section 20 of the Equality Act, adjustments to premises, policies, practices and procedures must be made by service providers "where disabled people experience a 'substantial disadvantage'" (HM Government 2010a, p.10), whereas under the 2005 DDA it was only unlawful when it was 'impossible or unreasonably difficult' for a disabled person to use the service.

One of the tenets of the Equality Act 2010 was the Public Sector Equality Duty (PSED) which came into force in Great Britain in April 2011 to ensure that disabled people are treated equally. Adopting a social model approach, the PSED advocated that public bodies should work with disabled people when designing policies, services and communications. Specifically, the Equality Duty states that public bodies must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity; and
- Foster good relations between different groups

The UK Government's Office for Disability Issues (ODI) was set up as an integral part of the Department for Work and Pensions to support the development of policies to remove inequality between disabled and non-disabled people (ODI, 2014a). In fulfilling these priorities, the ODI advocates that service providers should develop policies, procedures and practices based on the social model so that barriers to the inclusion of disabled people can be identified and overcome. The ODI adopts a social model approach in defining and understanding disability in Britain and, along with other government departments, is tasked with removing the barriers in society faced by disabled people. These barriers to equality for generally fall into three categories, as illustrated in Table 2.5.

In Equality Law, disability is the one protected characteristic for which there is a distinct form of discrimination and service providers have a legal duty to make reasonable adjustments for disabled people. This duty arises when there are factors that would place the disabled person at a substantial disadvantage compared with a non-disabled person. In these situations service providers are expected to take reasonable steps to

avoid the disadvantage and the primary response in Britain has been to ensure that physical access to the built environment is facilitated in accordance with the law and supplementary guidance. Much of the focus in recent years has centred on the concept of reasonable adjustments in policy and law (Lawson, 2008) and this will be examined further in the next section.

Table 2.5 Barriers to equality for disabled people (ODI, 2014a)

Barrier	Illustrated by	Negative example	Positive example
Environmental	Inaccessible buildings, transport and product design	Information provided that is inappropriate and/or inaccessible to disabled people	Communication that includes (induction loop) and is accessible to disabled people (alternative formats)
Attitudinal	Stereotyping and prejudice	Images or assumptions that medicalise (tragic) and patronise (needy) disabled people	Accurate portrayal of disabled people; widespread use of inclusive language.
Organisational	Policies, practices and procedures	Inflexible codes of practice which result in segregated provision	Provision of qualified and suitably trained staff to provide support

2.5 The concept of reasonable adjustments in disability law and policy

The Office for Disability Issues (ODI) updated the Department for Work and Pensions estimates which show there are 11.6 million disabled people in Great Britain (ODI, 2014b). Around 1 in 20 children, 1 in 7 working age adults and almost 1 in 2 people over state-pension age are disabled. This estimate covers the number of people with a long standing illness, disability or infirmity, who have a significant difficulty with day-to-day activities. UK legislation enforces service providers to make reasonable adjustments (or make accommodations to eliminate the physical barriers), but the definition of reasonable adjustments is vague. The Equality and Human Rights Commission (EHRC) website states "There isn't a clear answer that can be given to the question 'what is reasonable'? The law uses this phrase to allow different solutions in different situations, and it is ultimately up the courts to decide in each situation.

However, what is reasonable may vary according to the type of service and the nature of the service provider, its size and resources" (EHRC, 2012). Hence, what constitutes a reasonable adjustment is open to interpretation and service providers can take a number of factors into account such as: (i) how effective the change will be in assisting disabled people in general, or a particular customer, client, service-user or member; (ii) the practicality of the change (i.e. whether it can be done); (iii) the cost of the adjustment; (iv) the size of the organisation making the adjustment and the resources available; and, (v) any relevant safety issues (EHRC, 2012).

So whilst Equality Law can formalise disability discrimination, the structures required to facilitate this process can create other obstacles. As Imrie & Hall (2001) assert, associating reasonable adjustments with financial constraints and major operational changes has allowed building practices to evolve which use accessible design as an add-on or compensatory feature. Legislative and regulatory controls increasingly require professionals such as developers, surveyors and architects to provide for disabled people's building needs, but this brings with it implications for project design, costs, control, management and related processes. So, rather than aiming for best practice and providing inclusive design solutions that go above and beyond what is required "research indicates that developers seek to 'dumb down' standards by rarely providing more than is required by the regulations" (Imrie & Hall, 2001, p.9). Additionally, the nebulousness around reasonable adjustments in disability policy and law and the fact that the regulatory controls apply to substantial new constructions, whilst doing little to regulate access provision in the refurbishment of existing buildings, has meant that access directives have been largely ineffectual.

In recent years government directives on access have proliferated and with them, the recognition that the built environment, and associated development, design and building processes are inattentive to the needs of disabled people. Whilst the planning process requires an Access Statement, which should be developed in consultation with disabled representatives, builders are not required by law to consult directly with disabled people over development proposals and there is little interaction between the two groups. This means there is a major problem with the concept of reasonable adjustments in disability policy and law. If builders are not required to be proactive in meeting disabled people or the property industry is not being educated in diverse

needs, then there is little scope for them to know what reasonable adjustments are required (Imrie, 2006). It also means that the attitudes, policies and practices of many professionals remain unchanged and the reality of the built environment for disabled people is of social, physical and attitudinal barriers which prevent mobility, use and access. These barriers are illustrated in Figure 2.7 (Lupton, 2014e).

Figure 2.7 Social, physical and attitudinal barriers (Lupton, 2014e)

Impairment has, and will continue to be, an integral part of human experience and society, yet the inaccessibility of the built environment represents the most obvious example of indirect discrimination that affects all disabled people to some extent. Despite the disability policies intended to remove some of the barriers in the built environment, the legislation is limited and further action is required to achieve a built environment that is accessible to everyone.

2.6 Summary
Over recent years there has been an unprecedented upsurge of interest in the general area of disability amongst academics and researchers, which has generated an ever more expansive literature, from a variety of perspectives. Inevitably, given this heightened interest, a number of important challenges and debates have emerged in what has become an increasingly interdisciplinary field. This chapter has considered the more prevalent existing models of disability, taking an historical and cross-cultural perspective. It went on to reflect upon the two most relevant models for framing our

understanding of disability in Britain, the 'medical (individual) model of disability' and the 'social model of disability'. The medical (individual) model views disability as a feature of the person, directly caused by disease, trauma or health condition. It calls for medical treatment or intervention to 'correct' the problem with the individual. The focus of this model on the disabled person's impairment was contrasted with the social model of disability, which views disability as a complex collection of conditions, many of which are created by the social environment.

The chapter went on to consider the social model as the driving force behind the disability agenda and a cornerstone of the disabled people's movement, with significant relevance given to the removal of the environmental, systematic and attitudinal barriers that disabled people face. Disability is now regarded in policy circles as not simply a medical issue but also a human rights concern and a major catalyst for this development has been the influence of the British social model. It is widely accepted that policies based on social model thinking can and do improve disabled people's lives by removing barriers. There are a number of social definitions of disability in use at this time, for example, those developed by the Union of Physically Impaired Against Segregation (UPIAS); Disabled Peoples International (DPI) and the British Council of Organisations of Disabled People (BCODP). All of them share the same basic premise but are used for different purposes, from research to political campaigning. Although definitions are based on models and theories of disability, they do not serve the same explanatory purpose. A definition specifies the properties or characteristics of disability and disabled people, hence it is merely a bureaucratic tool, an aid to understanding.

Finally, the chapter reasoned that the widespread influence of the British social model was demonstrated in the development of equality law and disability policies. Social model thinking moved policy away from a medical, charity, care agenda into a rights led, equalities agenda, which located the issue away from the impairment, or the disabled person, and addressed society's failure to take into account diverse needs. Historically, society has responded to these diverse needs by providing separate and special services based on each individual's impairment, as opposed to the promotion of an equitable lifestyle for all.

The following chapter explores how this equitable lifestyle may be achieved by focussing on the design and development of the built environment, illustrating how the design of buildings, spaces and places impact significantly upon disabled people. It will examine the development of codes of practice in England and review the introduction and revisions to Part M Building Regulations and guidance contained in BS 8300, before analysing to what extent this promotes accessibility. The emergence of an inclusive design approach and the significance of user involvement to foster inclusivity in the design process is explored, with specific reference to wheelchair users.

Chapter 3: DISABILITY AND THE DESIGN PROCESS

3.1 Introduction

The previous chapter summarised how definitions of disability can and do influence the way in which non-disabled people respond to disabled people and how the British social model prompted the development of equality legislation, including that relating to the accessibility of the built environment. One of the important factors that can either constrain or enable disabled people is the design of the physical environment. Whilst it should be acknowledged that societal oppression has improved in recent years, in terms of the design process, there is still a disparity between disabled people, mainstream society and equitable inclusion. This chapter examines how the design of places and spaces makes a vital contribution to increasing the social participation of disabled people, whilst recognising that both mobility is a pre-requisite for everyone in a truly inclusive society, and that there are challenges in achieving this. Mobility is referred to in its widest sense, and social and psychological factors have to be considered as well as the physical barriers that prevent disabled people accessing the environment with dignity, comfort and ease.

Section 3.2 considers the physical barriers to inclusion experienced by disabled people and examines how designers can, and should, work towards a design methodology that includes people with impairments. It argues that designing for people with impairments has largely been located in 'special needs' provision (Hanson 2004; Bichard, 2015), which is firmly rooted in the medical model of disability. Inclusive design practice, however, follows an approach that is rooted in the social model. The emergence of inclusive design as an approach to designing buildings, spaces and places is explored further in Section 3.3. Section 3.4 examines the development of codes of practice in England and reviews the introduction and revisions to Part M Building Regulations and guidance BS 8300. The section further deliberates whether these regulations have meant that building development proposals make access provisions that go beyond what is 'reasonable' and embrace inclusive design methods. The discussion in Section 3.5 focuses on designing for wheelchair users and explores some of the barriers that restrict their mobility and participation in urban environments. It investigates the relationship between professionals who design the built

environment and those who use the built environment and the case is made for employing inclusive design practices where the 'end user' is a vital part of the design process. Finally, a summary is provided in Section 3.6.

3.2 Disability and the design of the built environment

The design, construction and management in use of the built environment is the basic facilitator of everyone's ability to use that environment and as such is fundamental to ensuring a level of participation in society. Russell (1999) states that the built environment represents a huge space and the majority of the population can spend up to 90% of their time inside artificially constructed environments, be they buildings for living, working, shopping, education or leisure. Facilitating navigation in and around these buildings and the infrastructure that links them with roads and transport systems has a fundamental effect on travel and communication for all members of society (Russell 1999). However, much of the built environment has been designed to suit what designers and architects perceive to be the majority of society, that is, the 'able-bodied' sector, with little consideration for older people or those with impairments (Barnes, Mercer & Shakespeare, 1999). Imrie (2003) contends that this is due to architects and designers taking their influence from a human body that is static and unchanging over time, without consideration of the diversity of human beings. This fixation on the ideal human body has meant that there has been a general lack of reference to impairment and a lack of provision for disabled people. As a result, the built environment has become hostile to people with impairments, who are assumed to need physical assistance in navigating their way around buildings, places and spaces (Imrie, 2006).

Disabled people, once excluded from the built environment, remain invisible and this perpetuates design practices that meet the needs of 'able-bodied' individuals. Yet as Clarkson & Coleman (2015, p.235) argue "there is such considerable diversity in mental and physical capability both across the population and over the length of the life-course that the association of 'normality' with 'able-bodiedness' is neither accurate nor acceptable". Russell (1999), Barnes et al. (1999) and Imrie (2006) argue that the design of the built environment is the one area where disabled people are most disadvantaged, acknowledging that the built environment, alongside physical barriers, social and attitudinal barriers can prevent ease of mobility. Western cities, Imrie

(1996) argues are characterised by a 'design apartheid' and Imrie & Kumar (1998) suggest that most built environments are 'disablist', in that they implicitly exclude through their design and form. Hence, to significantly improve physical access to the built environment, an approach is required that challenges 'disabling' attitudes and perceptions in society, which tend to emphasise the individual with the impairment, as depicted in Figure 3.1 (Lupton, 2014f).
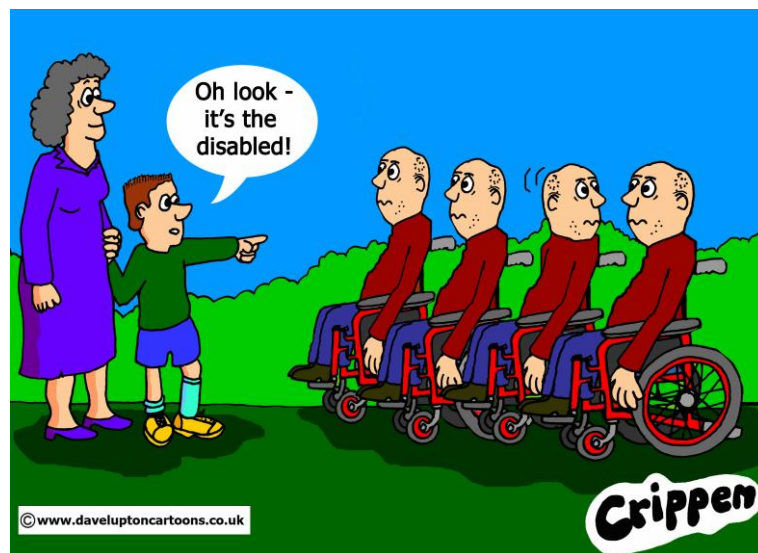
Figure 3.1: 'Disabling' attitudes tend to emphasise the individual with the impairment (Lupton, 2014f)

Selwyn Goldsmith has been attributed with being one of the first architects to highlight how the design of the built environment can actively disable the person with the impairment and significantly increase segregation in society. Goldsmith, a wheelchair user himself, pointed out that by creating built environments that do not take into account physical impairments, disabled people are socially excluded and segregated from using facilities and services, resulting in a form of social oppression. In 1961 Goldsmith was appointed to undertake a research project by The Royal Institute of British Architects (RIBA) which resulted in the production of 'Designing for the Disabled' in 1963, which became well established as the standard guidance book for architects designing for disabled people (Goldsmith, 1963). Before Goldsmith's book, architects did not have a guidance text to refer when considering access for disabled people. In 1967, Goldsmith produced an important second edition, having selected Norwich as a representative city in which to conduct his research. With the co-operation of Norwich Council and local medical and care workers, he canvassed the

local population and based his findings on their experiences. Having secured a list of wheelchair-users in the city, Goldsmith visited and interviewed 284 of them (Goldsmith, 1967). From these discussions, Goldsmith devised the ramped kerb and fifteen ramped kerbs were established at intersections around Norwich city, a feature that has gone on to become standard around the world. It was during his year of research that Goldsmith identified that the most important need for disabled people was an accessible public toilet (Goldsmith, 1967). Goldsmith also drafted a guidebook for disabled people in Norwich, which has since become common practice and been developed in many other towns, cities and places. In 1976, the third edition of his book was introduced, but it has been noted that all three editions defined accessibility as removing barriers for people with impairments, which was the over-riding ideology of the sixties and seventies in the UK. Goldsmith's early work was rooted in the special needs paradigm and initially concentrated on specific provisions for wheelchair users, without acknowledging other disability types. Furthermore, his work ignored the wider spectrum of users' needs, and as such did not promote inclusive design principles.

Although there has been some criticism of Goldsmith, he has been credited as being one of the first to highlight the fact that Britain in the early 1960s was unaware of the needs of individuals with impairments and did not have any programmes for making public buildings accessible for them. As Clarkson & Coleman (2015, p. 238) contend "Goldsmith's work was highly influential, underpinning the 1967 BS Code of Practice CP96 on Access for the Disabled to Buildings, revised in 1979 as BS 5810, and Part M of the UK Building Regulations". In 1997, Goldsmith published his fourth book 'Designing for the disabled: The New Paradigm' and this edition reflects his move towards inclusive design principles. Significantly, Goldsmith (1997, p.10) used the term, "architectural disability" to describe how the physical design, layout and construction of buildings and places can make the built environment inconvenient, uncomfortable or unsafe. He argued that people with impairments were particularly prone to architectural disability and regularly encountered specific problems in accessing the built environment, observing that "buildings always have been, and always will be, geared to suit two-legged able-bodied people and not people propped on sticks or rolling about in chairs on wheels" (Goldsmith 1997, p.16). The 1997 edition included research findings based on the social model of disability and recognised that others within society, including parents with pushchairs, ambulant disabled people and

children as well as wheelchair users can face physical barriers. Goldsmith (1997) concluded that having different or extreme needs is not unusual, but in fact normal and, using his research findings, he argued that society and architectural barriers are the main disablement and called for architectural practices to adopt the inclusive design paradigm.

Historically however, architectural practices have been considered as rather elitist. Architects have been seen as creating visions that belong to them alone, without understanding the users at the end of the process (Imrie & Hall, 2001). Form and function have become highly abstracted within architectural knowledge; they have become removed from a direct concern with individual people, their diverse needs and requirements; and elevated to the status of 'art'. Issues such as access can become marginalized within the design process; a postscript which must not affect the overall artistic and functional integrity of the building. According to Imrie (1998), architects have also been criticised for their tendency to concentrate on technocratic and technological design theories rather than values, design objectives and design intentions. Building design can often be impersonal and alienating because the focus has been on the functional aspects of the subject, leading Davis & Lifchez (1987, p. 87) to suggest that the practice of architecture requires, "an intellectual and emotional understanding of people". This type of functionality ignores the social psychology of design and can result in a failure to understand what people want (Design Council, 2014b). There is a need, therefore, for architects and designers to understand the people who will use their designs in practical rather than theoretical ways.

In Britain, architects were traditionally white, middle class, able-bodied males who made up the professional classes (Imrie, 1998). There was a lack of identification with other sectors of society and a failure to recognise the unsuitability of a lot of building design, when it was considered in relation to the needs of users. Furthermore architects, as professional experts and 'guardians' of architectural knowledge, have been reluctant to consult with potential users of their buildings (Hill, 2003). Yet, as Imrie & Hall (2001, p. 19) argue, people who use the environment are "multiple, differentiated and complex" and not inherently middle class, masculine and 'able-bodied'. The exclusion of the user's voice from the design process has led to buildings which are not sensitive to the user's needs and designing for access becomes an

isolated process, with precise standard specifications for the design of ramps, lifts, toilets, and so on. In documenting aspects of disabled people's oppression in the built environment both through design and social construction, Goodall (2010) and Imrie (2012) illustrate the shortfall in knowledge, and lack of understanding, of the access issues encountered by disabled people.

In the 1996 document, '*How is the European Union Meeting Social and Regional Needs?'* the European Commission (1996, p7) stated that "everyone of any age, with or without any disability must be able to enter and use any part of the built environment as independently as possible". This was seen in Europe as the way forward to ensure equal chances of participation in social and economic activities. As a result, in Britain architects were encouraged to design to include environmental access for disabled people.

During the next twenty years, inclusive design was taught and researched within built environment disciplines. However, as Inalhan (2012) points out, mainstream adoption of the principles in the built environment curricula was rather limited. Inalhan (2012) claims that inclusive design has been treated as an appendage, rather than a central part of the core curriculum, leading to architectural students underestimating its value and failing to apply the principles when they later begin work on design projects. This lack of awareness about the ethos of inclusive design and the failure to listen, understand and consult with end users from diverse backgrounds means that little has changed in the design of the built environment (Inalhan, 2012). Beth Tauke (2015) concurs and argues that design education and inclusive design courses can focus on design, diversity, and the human body/architecture relationship and the empowerment of underrepresented groups through design. Tauke, Smith & Davis, (2016) state that national and international universities need to include courses in their general education or core programs that address the relationship between design and diversity issues. This would assist designers and architects in developing an understanding of the needs of the disabled end-user and enable them to adopt inclusive design methods.

3.3 'Inclusion by Design'

The concept of inclusive design emerged in the mid-1990s in Britain and other countries from collaborations between industry, designers, researchers and educators (Keates & Clarkson, 2004) and represented a move away from the medical model of disability, which was enshrined within the design professions. From the medical model, access was facilitated by the use of special and assistive features, which were seen as a pragmatic way of overcoming barriers within the built environment for those with 'special needs'. By contrast, inclusive design is largely based on the social model of disability whereby the disability is caused by inaccessible facilities, services and environments and cultural stereotypes. According to Clarkson & Coleman (2015, p. 236) the development of inclusive design, "sought to link design and social need, and to challenge misguided but deep-seated assumptions about ageing, disability and social equality". The Commission for Architecture and the Built Environment (CABE, 2008) promoted seven principles of inclusive design, as it applies the built environment, as follows:

- Inclusive – so everyone can use it safely, easily and with dignity
- Responsive – taking account of what people say they need and want
- Flexible – so different people can use it in different ways
- Convenient - so everyone can use it without too much effort or separation
- Accommodating for all people, regardless of their age, gender, mobility, ethnicity or circumstances.
- Welcoming – with no disabling barriers that might exclude some people
- Realistic – offering more than one solution to help balance everyone's needs and recognising that one solution may not work for all (CABE, 2008).

British Standard 7000-6 Managing Inclusive Design provided the guidelines for adoption of an inclusive approach to design. BS 7000-6 recognised that "Inclusive design is comprehensive, integrated design which encompasses all aspects of a product used by consumers of diverse age and capability in a wide range of contexts" (BSI, 2005, p.IV). The development and management of inclusive design in the UK was part of a wider picture of linking design and social need. In terms of the global context, according to the Design Council (2014a), two major trends have driven the growth of inclusive design, that is, population ageing and the growing movement to

integrate disabled people into mainstream society. Clarkson & Coleman (2015) argue that inclusive design in the UK arose in response to an international trend, which viewed older and disabled people as integral to society and not as a separate group with separate needs. "This trend has manifested itself in different ways depending on the local circumstances, culture and social conditions" (Clarkson & Coleman, 2015, p.235). These diverse local conditions and factors led to different responses in Europe, the UK, USA, Japan and other countries.

In the United States, the Americans with Disabilities Act 1990 (ADA, 1990) was largely based upon disabled people's right to access, which emerged from the civil rights movement. Ron Mace, the founder of the Center for Universal Design in the United States, utilised a new approach to design to create environments, products and services that were accessible for a wide spectrum of users of varying abilities and different age groups (Mace, 1985). In 1994, across Europe, grants from the European Union led to the development of projects involving many of the member states, which facilitated new thinking and practice in design education and solutions. Furthermore, in the European Union, prominence was given to negating the social exclusion of older and disabled people and other groups at risk of social exclusion (Clarkson & Coleman, 2015).

In the UK, ensuring inclusive access throughout the built environment involves respecting human diversity, facilitating social engagement and breaking down barriers and exclusion (Design Council, 2014b). By applying the same high design standards to meet the access requirements of all users, inclusive design can embrace everyone on equal terms. The British Standards Institution (2005, p.5) defines inclusive design as "The design of mainstream products and/or services that are accessible to, and usable by, as many people as reasonably possible ... without the need for special adaptation or specialised design". Table 3.1 illustrates the differences between 'specialised design' and Inclusive Design.

The principles of inclusive design are to accommodate the broadest range of bodily shapes, dimensions and movements, expanding the target group to include as many users as possible. Following inclusive design methods assists in the process of ensuring that all buildings, places and spaces can be easily and comfortably accessed

and used by everyone, irrespective of age or ability (Burton & Mitchell, 2006). The Design Council (2014a) contends that inclusive design is the responsibility of all built environment professionals, architects, planners, commissioners of new buildings and places, access consultants, designers, engineers, surveyors, property owners and facilities managers. It requires an approach to planning, design and management that understands how the design and management of the built environment affects, not only mobility, but also connectivity, participation and communication. Inclusive design aims to create products and environments that are usable by and appeal to all users regardless of age, ability or circumstance by working with users to remove barriers in the social, technical, political processes underpinning building and design (Ormerod Newton, Morrow & Thomas, 2002). It describes the process of designing for the widest possible spectrum of users and as such differs from accessible design, which aims to create products and environments that meet the needs of disabled people.

Table 3.1 'Specialised Design' contrasted with Inclusive Design
(Adapted from Hanson, J., 2004)

'Specialised Design' (Medical/Individual Model)	Inclusive Design principles (Social Model)
Designer client (i.e. young, fit, active, male, white adult) as the yardstick for good design.	People are individuals, who have different needs and requirements during their life course
Others - older people and people with disabilities are not 'normal' clients	Us - we all have goals/aspirations as well as problems/impairments.
They have 'special needs'	We share 'generic needs'
Micro-environmental approach	Macro-environmental approach
Ethos of specialisation and pragmatism	Ethos of normalisation and enablement
Tailors the environment so that it is 'just right' for each client group.	Extends parameters of design until no one is excluded
Telling people what they need	Asking people what they want
Does your disability prevent you from using the city centre?	What is it about the design of the city centre that prevents you from using it?

However, Sawyer & Bright (2007) acknowledge that an inclusive approach to design and facilities management does not mean that particular assistance cannot be

provided in order to include people with specific impairments. For example, providing induction loops to enhance hearing or providing information in alternative formats, although specific design features, fall within the inclusive design remit. Whilst an inclusive environment cannot attempt to meet every single individual need, by considering the needs of disabled people within the design process, solutions can be found that secure benefits for all people, regardless of age, gender, mobility, ethnicity or circumstances, as depicted in Figure 3.2 (Design Austria, 2015).

Figure 3.2 Inclusive Design: For all people, regardless of their age, gender, mobility, ethnicity or circumstances (Design Austria, 2015)

The term 'Inclusive Design' is sometimes used interchangeably with two other terms, 'Universal Design' and 'Design for All'. Although all three have a similar purpose, they have different origins and are used in various parts of the world. The concept of Universal Design originated in the USA, although it has also been adopted in Japan. Underpinned by seven principles set out by architect and designer Ron Mace, it proposes "making the design of essential components of public and private environments universally accessible and usable" (Clarkson, Coleman, Keates & Lebbon, 2003, p.600). Universal Design, whilst fundamental to the philosophy of inclusive design, appears to have a broader conceptual understanding, although it has

been criticised for being too ambiguous for practical application (CABE, 2008). Design for All, with an emphasis on information and communications technology, is the European equivalent to Universal Design (Clarkson et al., 2003). It is based upon the belief that environments, products and services should follow design that is tailored to human diversity, where everyone enjoys equal opportunities for personal development. Table 3.2 summarises the origins, differences and similarities between the three terms, Inclusive Design, Universal Design and Design for All.

Table 3.2 Inclusive Design, Universal Design and Design for All
(The Norwegian Centre for Design & Architecture, 2016)

	Inclusive Design	**Universal Design**	**Design for All**
Definition	Products, services and environments that include the needs of the widest number of consumers.	Full and equal enjoyment….of goods and services.	Environments, products, services and interfaces that work for people of all ages and abilities in different situations and under various circumstances.
Usage	Used in Britain and defined in 2000 by the UK Government.	Originated in the USA; adopted by Japan and the Pacific Rim countries.	Used in continental Europe and Scandinavia.
Origins	Began with the social ideals in Europe after World War II, which included healthcare and housing for everyone.	Driven by the large number of disabled Vietnam War veterans returning to the USA and modelled on the Civil Rights Movement.	Closely related to inclusive design, but highlighting design for human diversity, social inclusion and equality (EIDD Stockholm Declaration, 2004).
Delivery	Focuses beyond older and disabled people to deliver mainstream solutions to other excluded groups.	Originally focussed on disability and the built environment, it has been a driving force in forming American legislation.	Initially focussed on barrier-free accessibility for disabled people, but now a strategy for mainstream, inclusive solutions.

There are other terms that are occasionally used, which follow inclusive principles, such as *Co-design (Mobility, mood and place, 2016)*, *People-centred Design*, *User-focussed design* and *Trans-generational Design*.

The common ground between the three terms 'Inclusive Design', 'Universal Design' and 'Design for All' is a recognition that a barrier-free environment is not only a key factor for the social inclusion of disabled people, but also that independent mobility is a pre-requisite for a truly inclusive society (Vandenberg, 2008). However, Inclusive Design is still a speciality process and not general practice, which may be a reflection of the special needs approach still adopted by many disabled peoples representative organisations. The exclusive attention to the needs of people with impairments hampers the realisation of inclusive design as it fails to recognise the wide spectrum of users who can face the same barriers (Goldsmith, 2000).

Clarkson & Coleman (2015) argue that Inclusive Design can greatly improve the attractiveness of public spaces and environments with regard to tourism and major international attractions. For example, the emphasis on Inclusive Design in the planning and construction of the Olympic Park for the London 2012 games resulted in a Park that was designed to be as accessible and inclusive as possible for a wide range of visitors, employees and future residents (Olympic Delivery Authority, 2008). The Park offers step-free access, hard-standing surfaces, regular seating and accessible Blue Badge car parking for each of the venues. Facilities provided across the Park included accessible toilets, accessible changing facilities including baby changing facilities, induction loops and audio assistive systems (Department for Culture, Media & Sport, 2015b).

Another example of good Inclusive Design practice is York city centre. The City of York Council commissioned the Centre for Accessible Environments (CAE) to advise on the historic city centre, so that access could be improved whilst remaining sympathetic to the city's heritage (CAE, 2013). Several initiatives, based on Inclusive Design principles and best practice standards followed, including: the removal of unnecessary street clutter and pavement obstructions; repairing areas of poor paving; improving pedestrian links from public transport and between cultural and heritage attractions; better parking enforcement to ensure narrow streets remain accessible; and, provision of suitable and sufficient numbers of public seating (CAE, 2013). A further successful Inclusive Design solution was the provision of talking signs to help people with sight loss to find their way around the city centre, which automatically speak information when someone wearing a small REACT unit approaches the sign.

The signs speak in four different languages, English, Urdu, Bengali and Gujarati (City of York Council, 2017).

Acknowledging diversity by catering for a wide range of users, the practice of inclusive design requires a shift in attitudes and perspectives, which places end users at the heart of the design process. The Commission for Architecture and the Built Environment (CABE, 2008) states that involving users as an integral part of the design process is central to any inclusive design process. With an ever increasing ageing population (Bellerby & Davis, 2003), the core ambitions for Britain therefore should be equality, inclusivity, sustainability and independence for all. In order to achieve a level of accessibility in the built environment, UK legislation puts duties on providers to remove architectural barriers and promote inclusion in the mainstream. To facilitate this, building regulations and guidance have been introduced which give specifications for designing for people with impairments. The next section reviews the emergence of Part M Building Regulations and code of practice BS 8300 and examines how the development of this guidance has shaped the physical environment for disabled people in England. More significantly, it addresses the issue of whether this legislation can succeed in moving from 'special needs' provision and put inclusivity at the core of the design process.

3.4 Part M Building Regulations and guidance BS 8300

The 1984 Building Act was the primary legislation under which the Building Regulations and other secondary legislation were framed in England. The regulations made under the Act have been periodically updated, rewritten or consolidated, with Part M 'Access to and use of buildings' and BS 8300 'Design of buildings and their approaches to meet the needs of disabled people' covering the requirements with respect to disabled people. However, prior to this the process which led to statutory access requirements began with the 1976 Building Regulations, which provided technical instructions and specified the compliance process (HM Government, 1976). It was an addition to the 1976 Building Regulations, Part T which was the first stage of a legislative process for enforcing access requirements. Part T was based on traditional construction methods and functional requirements and many built environments professionals found it inflexible. A revised version of Part T specified design standards for access for disabled people, but compliance was restricted to

single storey public buildings. A revised Part T was drafted, based on provisional access requirements for new public and employment buildings above a certain size, although alterations or extensions to existing buildings would not be covered.

Part T was replaced by a newer style of building regulation, Part M which was introduced in 1987 to enforce the requirements of the 1984 Building Act. The recasting of building regulations meant that these requirements would come in parts and each part would have its own Approved Document, containing a set of requirements to simplify the building regulation standards. The 1987 Approved Document M (ADM) regulation was drafted to provide provisions to meet the specific needs of disabled people and applied to new multi-storey buildings for offices and shops only. The number of lifts for new multi-storey buildings was determined by floor area and the main entrance of all new multi-storey public buildings had to be accessible (HM Government, 1987). To comply with the 1987 Approved Document M, the new building was subject to M2, M3 and M4. While M1 contained definitions, M2 contained requirements relating to means of access to new buildings, M3 contained requirements relating to sanitary conveniences and M4 contained requirements relating to audience or spectator seating (HM Government, 1987). All of these provisions were initially concerned with providing access for people with physical impairments, but did not specify requirements for different types of disability. Furthermore, the 1987 Approved Document M was written from the perspective that disabled people had special needs and were different from the rest of society. This led to the belief that provision for disabled people could be an add-on feature, rather than an integral part of the design brief. So, whilst architects and developers had to comply with Approved Document M in their designs, the focus was on physical access not on the wider range of user needs, such as intellectual, social, cultural and sensory.

As stated, the 1987 Approved Document M initially focussed on people with physical impairments but was revised in 1992 to include people with sight and hearing impairments. It covered existing buildings, extensions to existing buildings and new constructions and was applicable to all storeys in new and non-domestic buildings (HM Government, 1992). Although the revised document catered for other disabilities, there were still flaws in the building regulation compliance. By only anticipating the needs of limited types of disabilities, the access needs of other users, such as women and young

children, were not considered. Goldsmith (2000) argued that this hindered the progress towards adopting inclusive design principles as it failed to address the access needs of a wide spectrum of users who can encounter the same barriers.

The 1999 edition of Approved Document M, 'Access and facilities for disabled people' replaced the 1992 edition. M1 contained guidance on interpreting the requirements; M2 detailed requirements for access and use; M3 for sanitary conveniences; and, M4 for audience and spectator seating. The significant change within the 1999 edition was that requirements M1 to M3 applied to new dwellings as well as to other buildings (Department for Environment, Transport & the Regions (DETR), 1999). The guidance on non-domestic buildings remained unchanged from the 1992 edition, except for the note relating to the design of stadia. The note listed several reference documents for the reader to refer to for more detailed guidance on access for disabled people to sports stadia, including 'Designing for spectators with disabilities' and 'Guide to safety at sports grounds' (DETR, 1999). The specifications in Approved Document M should be regarded as the minimum mandatory specification that the law sees as appropriate for the construction of a new building or for the major refurbishment of an existing one.

However, Goldsmith (2000) and Imrie and Hall (2001) state that this meant that architects and service providers confined access provision to the minimum standards of Approved Document M. Goldsmith (2000) highlighted that this followed the 'top-down' approach which meant that many designers could build to meet minimum standards, but that issues outside the scope of building regulations were not considered. Whilst architects had to consider reasonable adjustments to improve access into buildings, Imrie & Hall (2001) point out that this failed to acknowledge the wider infrastructure of the built environment. Approved Document M 1999 did not mention, for example, access and egress routes, lighting, signage and wayfinding and material finishes, although these are all critical features of the built environment that influence the level of accessibility and ease of movement for a wide spectrum of users. Furthermore, according to Goldsmith (2000) and Imrie & Hall (2001), Approved Document M 1999 set out to achieve and secure accessible environments for a limited range of disabilities, so inevitably some disabled people would not have their needs accommodated within the minimum provisions. It is difficult to see how legislation can be applied to achieve the highest possible level of accessibility as this is a design

decision, but by applying minimum design standards provision, many disabled people can be excluded, rather than included.

The British Standard (BS) which relates to the accessibility and usability of the built environment for disabled people is BS 8300, 'Design of buildings and the approaches to meet the needs of disabled people'. Code of Practice BS 8300: 2001 was developed to "...explain how the built environment can be designed to anticipate and overcome restrictions that prevent disabled people making full use of premises and their surroundings" (British Standards Institution (BSI), 2001, p. 4). It provided further access guidance on the following types of building:

a. Transport and industrial buildings, e.g. rail, road, sea and air travel buildings and associated concourses, car-parking buildings and factories

b. Administrative and commercial buildings, e.g. courts, offices, banks, post offices, shops, department stores and shopping centres, and public service buildings, including police stations

c. Health and welfare buildings, e.g. hospitals, health centres, surgeries and residential homes

d. Refreshment, entertainment and recreation buildings, e.g. cafes, restaurants, public houses, concert halls, theatres, cinemas, conference buildings, community buildings, swimming pools and sports buildings

e. Religious buildings

f. Educational, cultural and scientific buildings, e.g. schools, universities, colleges, zoos, museums, art galleries, libraries and exhibition buildings

g. Dwellings and other residential buildings, e.g. hostels, hotels, residential clubs, university and college halls of residence, nursing homes and prisons (BSI, 2001).

Although the requirements set out within BS 8300: 2001 covered a range of disabilities and the use of public buildings by disabled people who are residents, visitors, spectators or employees, significantly, it did not apply to dwellings or residential buildings designed exclusively for use by disabled people. Code of practice BS 9266 (which superseded DD 266) provides recommendations for the design of accessible and adaptable general needs housing (BSI, 2013). BS 8300: 2001 guidance was a research based document that applied to car parking provision, setting down points

and garaging, access routes to and around all buildings, and entrances to and interiors of new buildings (BSI, 2001). The recommendations listed in BS 8300: 2001 also applied for assessing the accessibility and usability of existing buildings and, where practicable, could be used as a basis for improving the provision (BSI, 2001). The environmental needs of disabled people were specified and recommendations were given with regard to horizontal and vertical circulation, surface finishes and communication aids, although there was some flexibility in the extent to which the recommendations could be applied to listed and historic buildings, as these were determined as separate, individual cases (BSI, 2001). BS 8300: 2001 was considered to be a comprehensive standard which could be used by architects and designers as a benchmark when considering what constituted 'reasonable provision', in relation to the 1995 Disability Discrimination Act (DDA). However, British Standards are standards for guidance and best practice recommendations and have no legal standing.

Following the publication of BS 8300 in 2001, the text of Approved Document M was revised in 2004 to take account of its recommendations. The title of the 2004 Approved Document M, 'Access to and use of buildings', indicated a move away from provision based solely on access and facilities for disabled people. This edition restructured the parts of Approved Document M and M1 now contained guidance on access and use; M2 detailed requirements for access to extensions to buildings other than dwellings; M3 for sanitary conveniences in extensions to buildings other than dwellings; and, M4 for sanitary conveniences in dwellings (Office of the Deputy Prime Minister (ODPM), 2004). Housing was covered in a manner that was largely similar to the preceding 1999 Regulations, but the 2004 version contained much more comprehensive guidance related to (i) new non-domestic buildings; (ii) material alterations of, and extensions to existing non-domestic buildings; and, (iii) material changes of use to some non-domestic uses. Therefore, the application of Part M had been widened to include existing non-domestic buildings undergoing extension and changes of use of part of a building (ODPM, 2004). Within the 2004 Approved Document M there was no exception for historic buildings, instead special guidance was provided for such buildings.

With regard to the provision of lifts and sports facilities, more recent publications were referenced in Approved Document M 2004. The new Section 4, 'Facilities in buildings other than dwellings' covered audience and spectator facilities, primarily the following three categories: (i) Lecture/conference facilities; (ii) entertainment facilities (e.g. theatres, cinemas); and, (iii) sports facilities (e.g. stadia) (ODPM, 2004, p. 43). The 2004 edition specified the requirements when making new and existing buildings accessible and usable by disabled people, older people and parents with children and included good practice access design guides to extend the scope beyond minimum standards. The revised guidance signalled a move away from the narrow aim of making buildings accessible to, and usable by, disabled people towards an aim to make buildings accessible to, and usable by, everyone - including people with disabilities. This broadening of the guidance to encompass a wider range of users suggested a change in attitude and a move towards promoting the inclusive design approach and signalled a shift in the way accessibility to, into, and around non-domestic buildings was considered. It elevated accessibility and usability in the design of new buildings and major refurbishments to the same level of importance as other long-standing regulations concerned with, for example, structural integrity, environmental performance and safety. The requirement to consider the accessibility of a building for all people who may want to use it, regardless of their disability, age or gender brought a greater range of user needs, including those of children, into the design process.

However, there are certain limitations in the scope and applicability of Approved Document M 2004 that need to be considered. First, in meeting the requirements, the guidance offered in the document draws on the recommendations of BS 8300: 2001, but concedes that "there are some instances where the guidance in this Approved Document differs from the recommendations in the edition of BS 8300" (ODPM, 2004, p.9). Secondly, the guidance is not prescriptive, proposing one potential way of meeting the requirements. The text emphasises this allowance for other solutions "there is no obligation to adopt any particular solution contained in an Approved Document if you prefer to meet the relevant requirement in some other way" (ODPM, 2004, p.5). One of the ways to meet the requirements recommended in the 2004 Approved Document M was through the use of an Access Statement "to identify the philosophy and approach to inclusive design" (ODPM, 2004, p.15). The function of the

Access Statement as cited in Approved Document M is to illustrate that people are offered 'reasonable' access to buildings and their facilities. It may set out conformity with Part M of the Building Regulations by using a prescriptive approach or may detail other approaches, perhaps based on BS 8300. All professionals involved in the design and construction of buildings should be familiar with Access Statements, including architects; surveyors; engineers; health and safety managers; finance and operations directors; facilities managers; and, building owners, managers and controllers.

An Access Statement is a means of recording and justifying design decisions in all Part M applications and is required at the start of, and during the Building Control process to accompany plans to assist Building Control bodies in making judgments on whether building development proposals make sufficient reasonable provision for access (ODPM, 2004). The concept was developed to allow for a degree of design freedom by expanding the opportunities for creative solutions to address accessibility issues. The responsibility for ensuring that the proposed alternative works in practical terms is placed on the designer. In the initial stages of a project an access statement can be used to record the elements of the brief that relate to access. At this strategic level it is a documented statement of intent and can demonstrate how the project will meet any relevant legislation (ODPM, 2004). Developers, designers and managers can utilise the access statement to demonstrate their commitment to accessibility. But beyond this, an Access Statement is seen as a way of achieving an inclusive environment and includes the wider infrastructure. It covers, for example, the links with roads and transport systems. If good practice cannot be achieved, then the access statement should provide a rationale explaining:

- Why good practice is unachievable;
- what design guidance is being followed (i.e. BS 8300: 2001);
- what the implications are for the users; and
- what other steps are being taken to lessen any adverse effects on accessibility (ODPM, 2004).

It should also state why, in the view of the designer, the proposed design feature can be considered equal to or even more appropriate in a specific situation than the guidance described in the Approved Document M (ODPM, 2004). If reasonable provision for access is not considered at the design planning stage, then this can have far reaching consequences. See Figure 3.3 (Lupton, 2014g).

Figure 3.3 Development proposals need to make reasonable provision for access (Lupton, 2014g)

A revised edition of the British Standard (BS 8300: 2001 Incorporating Amendment No 1) was issued in June 2005 for those alterations or work to existing buildings for which Part M might not be an enforceable standard. BS 8300: 2001 Incorporating Amendment No 1: (i) Constituted the latest best practice guidance on physical and environmental issues (such as the use of colour and luminance contrast, acoustics, signage, etc.); and, (ii) included consideration of some management issues not covered in the previous edition (BSI, 2005). The update to the guidance contained in BS 8300: 2005 aligned it more to the Approved Document M. Although, following the guidance given in a British Standard is not a legal requirement, standards do constitute good practice guidance for a particular area. Therefore, whether or not the guidance given in BS 8300 was followed may well have had implications in determining if 'reasonable' steps have been taken to meet any duties imposed by the DDA (2005). As previously discussed, Part III of the Disability Discrimination Act 1995 (DDA) gave disabled people the right of access to goods, facilities, services and premises and these rights were phased in over the period 1996 to 2004. From October 2004, service providers had to alter the physical features of premises if their service was impossible or unreasonably difficult for disabled people to use and British Standard (BS) 8300 was the code of practice drawn up as guidance on how to meet the needs of disabled people.

In 2009, a new edition of BS 8300 was published, BS 8300: 2009, 'Design of buildings and their approaches to meet the needs of disabled people – code of practice' as a full amendment to the 2001 version (BSI, 2009). Expanding on the content of the 2001 version, the 2009 edition drew from more recent research findings since 2001, which was reflected in the changes. For example the change in the recommendation for the steepness of stairs (increasing the permissible number of risers in a flight to 20) was a result of research into the causes of slips on stairways. In addition to stair pitch, some of the most significant areas of development were:

- Slip resistance – guidance provided on exact slip resistance values
- Visual contrast – specific values provided for light reflectance values (LRVs)
- Doors and doorways – greater detail given on location and closing furniture
- Accessible bedrooms – increased recommendation for provision (BSI, 2009).

In terms of aids and adaptions for disabled people, the code of practice BS 8300: 2009+A1: 2010 advised how these could be provided in facilities such as corridors, car parks and entrances. It also gave examples of how additional features, including ramps, signs, lifts and guard rails, could be installed (BSI, 2009). An important addition was the recommendation for the provision of adult 'Changing Places' toilet facilities, a requirement which was specified in detail in BS 8300: 2009. Changing Places toilet facilities offer adequate space for the disabled person and up to two carers and incorporate a centrally placed toilet, height adjustable adult-sized changing bench, hoist, screen or curtain and often have wash-down facilities (BSI, 2009). They are recommended for large publicly accessible places such as shopping malls, airports, or motorway service stations. Changing Places make it possible for more people, especially those with profound and multiple learning difficulties, to get out and enjoy facilities and to do so with dignity. This change was included following active lobbying from a number of pressure groups (Changing Places Consortium, 2015).

Approved Document M was amended in 2010 to reflect the changes made as a result of the Building Regulations 2010 and the Building Approved Inspector Regulations 2010 (HM Government, 2010b). The alterations were mainly due to a re-ordering of the old regulation numbers within Building Regulations 2000, so that they corresponded with the new regulation numbers within Building Regulations 2010. The substantive requirements from Approved Document M 2004 remained unchanged as

did the general application (HM Government, 2010b). Additional changes took effect with the introduction of the Approved Document M which came into effect in April 2013 and July 2013 for use in England. The main purpose of these changes was "to implement the results of a review of the Building Regulations to reduce unnecessary burdens on industry" (HM Government, 2013a, p.2). The changes also took into account the introduction of new Approved Documents and European Directives and Regulations.

The 2015 edition of Approved Document M (Access to and use of buildings) was split into two parts, Volume 1 (dwellings) and Volume 2 (buildings other than dwellings). There were no technical changes in Volume 2: Buildings other than dwellings, which referred to the 2004 edition (with 2010 and 2013 amendments), but Volume 1: Dwellings, contained updated guidance and replaced all previous editions. Principally, requirement M4 'Sanitary conveniences in dwellings' was replaced by new requirements:

- M4(1) Category 1 - Visitable dwellings
- M4(2) Category 2 - Accessible and adaptable dwellings
- M4(3) Category 3 - Wheelchair user dwellings (HM Government, 2015a)

The new version provided guidance for compliance with the Building Regulations for building work carried out in England, although the 2004 edition of Approved Document M, as amended, would continue to apply to building work started before 1 October 2015 (HM Government, 2015a). The aim of the revised 2015 editions of the Approved Documents was to cover a broader range of facilities to meet the needs of disabled people both in the public and private sector. As such, they can be useful tools for designers to determine appropriate design parameters, space requirements and essential design features. However, change within the built environment can take time. Research by Schmidt, Austin & Pinder (2012) into the delivery of adaptable building designs and the reuse of building stock and urban spaces revealed that consideration should be given to the time it takes for the built environment to reflect changes in building regulations. They argue that designing for and implementing adaptability is key to overcoming this time lag from the publication of new building regulations to when they are realised in the built environment (Schmidt et al., 2012).

It can be seen that Approved Document M and BS 8300 have gradually made progress in making the built environment more accessible and it is largely acknowledged that all building users should be able to participate in work and leisure activities efficiently, safely and comfortably. However, building regulations alone will not ensure that disabled people feel they are being included. The term disability is a broad one and includes people with physical, sensory or mental impairment, which can be visible or hidden. Conditions are often not singular but multiple and complex and there are many levels on the mobility spectrum. As such, mobility is complicated and multifaceted and there are many other people not conventionally considered to have a disability who also encounter barriers to movement. People with small children, people carrying heavy shopping or luggage, people with temporary accident injuries and older people can all benefit from good design; without a barrier free environment, many of these people will be mobility impaired. Each individuals experience of how socially included they feel will be different.

There are some who argue that a compliance culture often means that the measures taken to widen access are little more than token gestures (Imrie & Hall, 2001). As such disabled people find themselves somewhat invisible from architectural theory, practice and education. Hill (2003) contends that whilst disabled people's access requirements are articulated in public policies and practices towards the regulation of the built environment, their needs are poorly represented in the design and development of the built environment. This would require a fundamental change in attitude and perception so that designers and architects show greater understanding of the needs of the disabled end-user. Recognising that design plays a vital role in including, and often excluding communities the Commission for Architecture and the Built Environment (CABE) (2008) contend that creating places that work for people requires a commitment to putting the needs of the user first. The next section explores this further and assesses whether compliance with Building Regulations in England has led to design practices that include wheelchair-users.

3.5 Designing for wheelchair users

It is important to note that disability and equality legislation encompass a wide range of impairments, including sensory, affecting sight and hearing, cognitive and hidden and physical. In terms of physical impairments, according to the definition of disability

under the Equality Act 2010, a person with a physical disability has a physical impairment 'which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities' (HM Government, 2010a). Table 3.3 shows the numbers (in millions) of disabled people in the UK, by impairment type.

Table 3.3 UK Disability prevalence (in Millions) disaggregated by impairment type, 2013/14 (ODI & DCMS 2015)

Impairment type	UK Prevalence in Millions
Mobility	6.5
Stamina, breathing difficulties, fatigue	4.5
Dexterity	3.4
Mental health	2.1
Memory	1.9
Hearing	1.7
Vision	1.5
Learning	1.5
Social, behavioural	0.8
Other	1.8

This PhD research is concerned with wheelchair users and although it is assumed that the need to use a wheelchair is due to physical impairment, it cannot be overlooked that wheelchair users may have sensory, cognitive and hidden impairments. This may particularly be the case for older people who are wheelchair users. In the UK, many disabled people have more than one type of impairment (ODI, 2014b) and although mobility impairments are the most prevalent, there is a significant range of impairments, some of which may not be visible. Sport England noted that a wide range of conditions could cause mobility issues, as shown in Table 3.4.

Based on the UK figures, Sport England (2016) calculated that 5.8 million people in England, that is 36% of disabled people, have problems with mobility caused by a range of (also overlapping) conditions, including dexterity issues, long-term pain and breathing difficulties. In their publication, 'Mapping Disability: The Facts', Sport England estimated that 5-7% of the disabled population in England, that is between 546,200 to over 726,000 people, were wheelchair users (Sport England, 2016).

Table 3.4 Range of conditions that can cause mobility issues in England
(Sport England, 2016)

Condition	Number affected
Arthritis	8,402,700
Chronic pain	6,554,100
Sight loss	1,564,340
Essential tremor	1,417,960
Paralysis	1,023,500
Stroke	966,093
Chronic fatigue syndrome/ME	210,100
Parkinson's	107,835
Post-polio syndrome	102,300
Multiple Sclerosis	87,686
Muscular Dystrophy	70,872
Dystonia	58,800
Amputation	53,900
Congenital hemiplegia	53,500
Spinal cord injuries	31,200
Narcolepsy	26,900
Cerebral Palsy	24,620
Motor Neurone Disease	3,800

The previous sections illustrated how disability has been located simply as an issue of accessibility in architectural design, restricted to legal and technical solutions that are added on to 'normal' design activities. For wheelchair users, the notion persists that accessible environments can be provided by specifying technical design solutions, without there being any corresponding change in social attitudes, values or practices (Swain & French, 2008). However, the way in which the social model of disability has interacted with architectural education and practice has been problematic, and there are some shortcomings evident when access for wheelchair users is situated within the parameters of making 'reasonable adjustments' to overcome barriers. As Morris (1996) argues, the 'barriers' model as recognised within architecture, tends to frame disability in a rather limited way, focussing on the

wheelchair user as an impaired individual. Additionally, design guidance tends to utilise anthropometric data, based on average body dimensions, which reinforces the view that designing for the average person will ensure that all requirements are met (Imrie & Hall, 2001). Yet, good design practice is more than providing a wheelchair user with physical access to a space, it is also about facilitating access to an 'experience' (Bichard, 2015).

To further explore the 'experience' of being in an urban environment, from the perspective of a wheelchair user, Bromley, Matthews & Thomas (2007) conducted a case study to highlight the issues which are key to improving access. It is important to note that the research by Bromley et al. (2007) was conducted a few years after the 2004 DDA Part III deadline. From October 2004, service providers had to alter the physical features of premises if the service continues to be impossible or unreasonably difficult for disabled people to use. These requirements also applied to facilities and services in the pedestrian environment and in transport related infrastructure. Transport vehicles were covered by separate provisions under Part V of the DDA.

Bromley et al. (2007) assert that the way in which places are planned or designed causes 61% of wheelchair users to feel that they are disabled. Despite the fact that there is extensive geographical and other evidence related to urban planning (Pacione, 2005), they point out that research on the mobility of wheelchair users in cities is very limited (Bromley et al., 2007). Whilst the social exclusion unit has focussed attention on the access issues faced by ethnic minorities and poorer communities (which informs much policy-related urban research), the needs of disabled people have not been covered adequately. The research by Bromley et al. (2007) involved 150 detailed interviews with wheelchair users in Swansea and in Bristol to determine if aspects of the built environment in a crowded urban environment restricted physical mobility. The study did not confine itself to physical aspects but was also concerned with the social dimensions of the built environment to help explain the difficulties still experienced by wheelchair users when moving around in the city centre.

The wheelchair users that were interviewed represented a range of age groups and socio-economic status, 42% were men and 58% were women and 72% were aged 50 years and over (characteristics reflecting the national demographic distribution). The

survey findings demonstrated that wheelchair users' mobility was significantly affected by the design of the built environment and the pedestrian activity within it (Bromley et al., 2007). A number of difficulties were recorded as obstructing or restricting the movement of wheelchair users and the respondents were asked to grade these difficulties. More than 60% reported three major obstacles: "Lots of people on pavements"; "getting into shops"; and "lack of dropped kerbs". The level of significant restrictions on movement included "high kerbs", "steps", "uneven surfaces" and "dropped kerbs not adjacent", all within the public realm. Finally, other smaller but still substantial problems noted by wheelchair users were traffic-heavy roads and narrow pavements (Bromley et al., 2007). Table 3.5 summarises these findings.

Table 3.5 Rating of potential city centre obstacles (Bromley et al., 2007)

Feature	Prohibitive obstacle	Major obstacle	Minor obstacle	Not an obstacle	Total (*n*)
Prohibitive or major obstacle to 63–70%					
Lots of people on pavements	54.0%	14.9%	2.3%	28.7%	100.0% (87)
Getting into shops	41.4%	21.8%	5.7%	31.1%	100.0% (87)
Lack of dropped kerbs	40.2%	25.3%	5.7%	28.8%	100.0% (87)
Prohibitive or major obstacle to 43–50%					
High kerbs	33.3%	12.6%	6.9%	47.1%	100.0% (87)
Steps	32.2%	11.5%	5.7%	50.6%	100.0% (87)
Uneven surfaces	27.6%	20.7%	10.3%	41.4%	100.0% (87)
Dropped kerbs not adjacent	19.5%	28.7%	8.0%	43.7%	100.0% (87)
Prohibitive or major obstacle to 33–40%					
Narrow pavements	16.3%	16.3%	5.1%	52.4%	100.0% (86)
Busy roads	16.1%	20.7%	12.6%	50.6%	100.0% (87)

The 2007 study by Bromley et al. followed previous research by Matthews & Vujakovic in 1995, who asked two groups of Coventry students (one group of students who were wheelchair users and a second group who were non-disabled) to produce sketch maps showing their mental representation of the town centre. The maps prepared by the wheelchair users contained fewer routes than the non-wheelchair users and emphasised different landmarks and features. Matthews & Vujakovic (1995) argued that the distortions in the maps of the group of wheelchair users directly reflect the restrictions in mobility which wheelchair users experience when travelling around the urban environment. The most immediate type of 'barrier' for wheelchair users was any object which impedes the movement of the wheelchair. Most of the highest ranking barriers reported by wheelchair users in Coventry were of this immediate nature, including the "lack of dropped kerbs", "uneven or rough surfaces", "narrow or congested paths", and "steep gradients". However, the wheelchair users also reported barriers due to poorly designed alterations which were made to provide access for disabled people, such as "ramps without handrails" and "dropped kerbs which were not adjacent" (that is, requiring the wheelchair user to cross the road at an angle).

Although not covered in these examples, Matthews & Vujakovic (1995) contend that another subtle type of barrier can be identified. This barrier exists in places where access has been provided, but the mode of access makes the wheelchair user feel like a second-class citizen. Examples of these are special entrances for disabled people which are away from the main entrance to the building (e.g. at the goods entrance) or where the disabled person must ring a bell in order to gain access to a building.

Acknowledging that everyday trips are often fraught with problems for wheelchair users (Imrie 1996; Imrie and Kumar 1998) a research project was undertaken by Matthews, Picton, Briggs & Beale in 2003. Through a combination of questionnaire, focus group and field survey techniques, the project aimed to make visible "the ways in which built environments are often distorted and hostile spaces for wheelchair users" (Matthews et al., 2003, p.34). In order to develop, test and apply a Geographical Information System (GIS) for modelling access for wheelchair users in urban environments, the researchers captured the experiences of 102 wheelchair users in Northamptonshire. The emergent themes and issues were explored in focus groups

and the researchers also accompanied wheelchair users on trips through town centres, enabling them to make on-site observations (Matthews et al., 2003). They recorded that the wheelchair users encountered common urban barriers, such as high kerbs, poor surfaces such as cobbles, steep cambers, steep ramps, lack of accessible public toilets, poor pathway maintenance, street furniture, narrow streets and scarcity of accessible parking.

Once inside a public building, a range of other barriers may impede mobility for wheelchair users, such as counters in banks and post offices designed for the height of a standing adult making it impossible for the wheelchair user to be served on an equal basis with others. The height of fixtures also applies to a large number of other items, including lift buttons, cash machines, telephones and door handles (Imrie & Wells, 1993; Matthews et al., 2003). Inaccessible toilets are a major concern and can make it impossible for the wheelchair user to access social and leisure events (Hanson, Bichard & Greed, 2007; Bichard, 2015). Bromley et al. (2007) noted that wheelchair users continue to face further challenges inside retail outlets, including features such as narrow doorways and aisles, inconsiderate placement of stock, poorly designed changing rooms and high shelves. More positively, the majority of wheelchair users in their study found toilets easy to use. As part of their research project, Bromley et al. (2007) explored wheelchair users' feelings about possible explanations for the continuing difficulties. Each wheelchair user was invited to agree or disagree with four suggested explanations for the problems they experienced and the results are summarised in Table 3.6.

Table 3.6 Agreement with suggested explanations for the problems experienced as wheelchair users (Bromley et al., 2007)

Suggested explanation	Agree	Disagree/ no view	Total *(n)*
The way in which places are planned/designed	60.8%	39.2%	100% (120)
The way society treats me	52.5%	47.5%	100% (120)
Physical disability	39.2%	60.8%	100% (120)
The way in which services are provided	10.8%	89.2%	100% (120)

As can be seen, the two principal explanations were 'the way in which places are planned or designed' (the built environment) which scored 61%; and, 'the way in which society treats me', which scored 53%. Bromley et al. (2007) confirmed the 'disabled by society' view of the wheelchair users by implementing attitudinal statement testing. They recorded that 67% of respondents 'strongly agreed' or 'agreed' with the statement: 'I am disabled by society not by my impairment' (Bromley et al., 2007). This, they contend is "because the majority of obstacles that confront wheelchair users are considered to be a consequence of (poor) planning and ableist design" (Bromley et al., 2007, p.236). In this sense the respondents reflected the view that disability is socially constructed, a view consistent with the social model of disability.

To fully appreciate how the standard of design affects wheelchair users' ability to move, participate and communicate effectively requires a recognition that wheelchair users require more than physical access, together with an understanding of the impact that the social construction of disability has on how spaces are perceived, used and experienced. If wheelchair users' encounters with their surroundings are more than physical access, then it can be argued that the timely collaboration of disabled end-users in the design process can ensure that professionals benefit from their knowledge and experience. This will provide professionals with an insight into the impact that disability has on how buildings, spaces and places are experienced. The Design Council (2014b) makes the case that a user-centred approach is not only good business practice, but that consultation with user groups is critical so that human diversity is central to the design process. In an article written for the Design Council, Fleck argues "Design professionals are talented, skilled people but they aren't always great at putting people at the core of the design process - at being inclusive" (Fleck, 2014). If disabled end-users are involved in the process, then spaces and places can be created which foster inclusive and culturally diverse communities. It would also encourage built environment professionals to further develop their awareness, their ethical position and a positive attitude towards disability.

When consideration of the needs of wheelchair users is given, it is treated resolutely in a functionalist way, that is, by finding a technical solution to overcome the barrier (Imrie & Kumar, 1998). Furthermore, these technical solutions are perceived as add-ons to the design process, which perpetuate the idea that using a wheelchair is not a

'normal' part of human life. The disabled body in a wheelchair remains 'awkward' for architectural theory, practice and education, and remains 'left out'. In this process the architect is assumed to have all the power and the disabled person to be passive, 'difficult' and powerless (Hill, 2003). Built environment professionals tend to give their attention to providing a solution to meet the 'special' requirements of wheelchair users, which frequently means an addition to a proposal. Involving people in an ongoing process of meaningful collaboration from project inception through to completion would enhance and influence decision making and also establish disabled end-users as valued partners.

Disability groups have argued that if their advice is sought during the design stage, expensive re-adaptations would not be necessary. Imrie & Hall (2001) state that inclusive design requires a re-orientation of the social relationships between professionals and those who use the built environment. For example, the design quality of public spaces has benefitted from early consultation to shape the brief, demonstrating the value of collaboration with end-users on proposed designs. The principle of end-user collaboration is widely accepted in the development of community resources, information systems and technology, where their effective involvement in the design process has not only improved the quality of the design, but has been shown to avoid costly and unnecessary design features (Kujala, 2003). Furthermore, an inclusive design approach based on participation empowers the user, allows for a degree of control over their environment and enables people to voice their particular needs with design professionals. One of the keys to designing inclusively is recognising that the true common denominator of 'normal' people is that they are all different and consultation with a diverse group of end users focuses the designer's attention on that diversity.

Clarkson et al. (2003) state that understanding users is a critical part of delivering inclusive environments, and that user research based on direct contact can result in empathetic engagement between designers and end-users. The Centre for Accessible Environments (CAE) believes that participatory design should be the norm and that "participation with all stakeholders, including the important end users, is essential if we are to evolve to a truly inclusive and just society" (Hewitt, 2016, p.1). Co-design or participatory design follows inclusive design principles and requires the

"meaningful involvement of end users in the design process" (Mobility, Mood and Place, 2016, p.2), which will ultimately result in environments that are designed for people to easily move around in and, significantly, to take pleasure in. In England, participatory planning is an integral part of the development process to ensure the planning system delivers inclusive environments (Department for Communities and Local Government, 2003). However, whilst built environment professionals acknowledge their responsibilities with regards customer satisfaction, economic vitality and environmental sustainability, there is little evidence that they recognise the value of engaging with diverse end-users throughout the design process. Consequently, the creation of enabling environments does not seem to be a priority, leading some to contend that the collective professional mind-set and practice is still based on a stereotypical and inaccurate view of disability as a personal difficulty (Gleeson, 2001). Imrie & Hall (2001. p.143) make the case that, "Inclusive development and design will not be attained as long as reductive conceptions of disability remain at the core of professionals' knowledge of disabled people". Although it is not always straightforward to establish communication networks which facilitate the participation of disabled people, collaboration with disabled end-users would lead, ultimately, to improved design, construction and management in use of the built environment. However, Clarkson et al (2003) acknowledge that some level of exclusion will occur, but by adopting an inclusive design approach, where the end user is involved throughout the design process, a significant improvement in design practice can be achieved. It is now widely accepted that involving people in the design of public spaces is necessary for the long-term success of a project, provides designers with useful information and results in a public space that will be popular (CABE, 2008). As the Centre for Accessible Environments (CAE) assert "By taking account of a wider range of perspectives and experiences, we can design more inclusive - more innovative – solutions" (Mobility, mood and place, 2016, p.1). Although neglected for change, the built environment is more likely to be socially inclusive and to foster social mixing by meeting the needs and preferences of multiple end-users (Hewitt, 2016).

3.6 Summary

This chapter has examined the current understanding of designing for disability, where it fits within the design process and how it should be adaptable to changing uses and

demands. It began by discussing how the design, construction and management of the built environment is a basic facilitator of everyone's ability to use that environment, whilst illustrating how the design of buildings, spaces and places have a specific impact upon disabled people. It argued that the perception that architects and designers have of disabled people reflects their cultural and societal influences, resulting in a failure to understand how disabled people experience the built environment. This limited view has meant that access for disabled people in England has been largely delivered through add-on technical specifications to overcome barriers, commonly referred to as 'special needs' provision.

The chapter went on to assess the progression from special needs provision towards the adoption of inclusive design methods to overcome physical, social and attitudinal barriers in Britain and how this links with the social model of disability. Following on from this, the chapter examined the measures that have been introduced in England to warrant that reasonable adjustments be made to the physical design of a building to remove barriers. Most significantly, the introduction of Approved document Part M building regulations and code of practice BS 8300 addressed issues of access and set down certain minimum standards for disabled access for such items as steps, ramps, lifts, door widths and accessible toilets. However, this does not seem to have produced building development proposals that go beyond what is 'reasonable' and embrace inclusive design practices.

The objective of disability discrimination legislation, building regulations and guidance was to overcome barriers for disabled people, but whilst compliance with these regulations helps to augment accessibility, it does not mean that this will achieve inclusivity (Imrie & Hall, 2001). For example, the provision of a ramp alongside a building can facilitate access for a wheelchair user and can comply with technical specifications in building regulations, but this separate provision is not in keeping with inclusive design principles. Thus, the ramp means that wheelchair user is able to physically access the building, but in doing so enters the building in a segregated manner, which does not provide all users with an inclusive experience. The example of the ramp here can also be applied to the accessible toilet and demonstrates how the design of these facilities continue to present a 'special needs' approach, as opposed to inclusive design (Bichard, 2015). The accessible design feature focuses

primarily on meeting guidance that specifies technical and other requirements for disabled people, rather than a design that takes account of the widest spectrum of users' needs, including disabled people. As Fleck states "Inclusivity needs to be at the core of the design process....meeting building regulation standards is not enough" (Fleck, 2014). According to CABE (2008), an inclusive approach to design would remove the barriers that create undue effort and separation, so that people can function equally, confidently and independently in their interactions with the built environment.

Finally, the chapter analysed the effect that architects and designers have on wheelchair users in particular by referencing wheelchair users' experiences of the urban environment. The case was made for user-centred design methods, such as inclusive design, that reflect design as a social process that extends beyond the designer and involves collaboration with the end-user. During this collaborative process historical or established practices and assumptions can be questioned and the designer can gain greater awareness of how the built environment is experienced by people with impairments. Although inclusive design knowledge is becoming more prevalent amongst architects and designers, the involvement of end-users is not as widespread, and there are few examples where this level of collaboration forms an important part of the project budget and timescales (Hewitt, 2016).

The following chapter assesses the provision of accessible sports stadia in England and whether stadia design and facilities management have adopted inclusive design methods. Referring the Olympic and Paralympic Games in 2012, it will investigate whether the concept of legacy has increased accessibility in sports stadia for disabled spectators, specifically wheelchair users.

Chapter 4: ACCESSIBLE STADIA PROVISION IN ENGLAND

4.1 Introduction

The previous chapter examined how the design and management of the built environment is a basic facilitator of everyone's ability to use that environment and how design standards in England were established to overcome the barriers faced by disabled people. It illustrated the extent to which the design of the built environment has not always provided disabled people, specifically wheelchair users, with a socially inclusive experience. This chapter explores standards of access further by focussing on the design and management of football stadia in England and how this impacts upon spectators who are wheelchair users. Penny & Redhead (2009) stressed the importance of English football stadia in giving supporters a sense of place, arguing that supporters, as a powerful collective force, appropriate the stadium as their own 'cultural space'.

Section 4.2 evaluates the guidance relating to accessible stadia design, that is, building regulations in England (BSI, 2009; HM Government 2013a) the Accessible Stadia Guide (Sports Ground Safety Authority (SGSA), 2004a) and the supplementary guidance (SGSA, 2015a), along with Premier League (2009) and Football League (2010) recommendations. Described by Geraint, Sheard & Vickery (2013, p. 120) as "the most authoritative guide to the design of accessible stadia in the UK", the Accessible Stadia Guide contains the minimum requirements with regard to standards of design for disabled spectators in stadia (HM Government, 2013a). The guidance regarding the provision for spectators who are wheelchair users is examined in more detail in terms of access to and around the stadium, the number of wheelchair spaces provided, where they are located and sightlines, whilst facilities management in stadia is explored in Section 4.3.

The standards of good practice provided to disabled visitors during the Olympic and Paralympic Games in 2012 are investigated in Section 4.4. The London Games clearly demonstrated what could be achieved when there is intention and commitment to ensuring sporting venues that are inclusive to all. However, this section also questions whether there has been a lasting Olympic and Paralympic 'legacy' for disabled people since 2012.

The extent to which the design of stadia in England enables or impedes access to spectator sports for disabled people is assessed in Section 4.5, with emphasis on the issues faced by football supporters who are wheelchair users. According to the Centre for Access to Football in Europe (CAFE) "Wheelchair users are negatively affected by stadium design that does not embrace people with limited mobility" (CAFE, 2011, p.14), but providing accessible grounds, facilities and services ensures not only the inclusion of wheelchair users, but all visitors to the stadium (CAFE, 2011). Whilst acknowledging the benefits of inclusion, the section moves on to evaluate the competing demands in stadia management, notably in meeting safety and sustainability requirements. The commercial drivers that dominate this part of the sports and leisure industry are considered along with the business case for designing for disabled people, and the recent studies which have demonstrated the increased significance of the 'purple pound', which highlighted that thousands of businesses could be turning away the custom of 1 in 5 people by not attracting disabled people (Department for Work and Pensions, 2014a).

A summary of this chapter is provided in Section 4.6. Finally, Section 4.7 draws the literature review to a conclusion.

4.2 Accessible stadia for spectators who are wheelchair users

When considering the standard of provision in football stadia for disabled spectators, it is useful to explore how the UK compares with other parts of the world. Across the member states of Europe, the EU disability strategy aims to eliminate barriers facing disabled people. The European Commission promotes a 'design for all' approach to the built environment so that buildings and public spaces are readily usable by as many people as possible and accessible to all (European Commission, 2015). In terms of access to football in Europe, professional football clubs are expected to comply with stadium accessibility laws and regulations and are required to demonstrate that they are responsible to all their customers, including disabled people (Paramio-Salcines & Kitchin, 2013). In their paper, Paramio-Salcines & Kitchin (2013) examined the implementation of disability legislation in professional football within England, Germany and Spain and critically reviewed how services were interpreted and implemented by football governing bodies and clubs. They found that the prevailing institutional logic and the management of accessibility in England had restricted

improvements in access and concluded that further research was required into the implementation of equity policies (Paramio-Salcines & Kitchin, 2013).

From 1 July 2015, new Union of European Football Associations (UEFA) club licensing regulations came into force. The club licensing criteria was expanded to encourage inclusivity, promote integrity and increase awareness. In order to foster inclusiveness and accessibility, the updated club licensing regulations require clubs to appoint a disability access officer to assist in improving stadium facilities and access for disabled supporters (UEFA, 2015). All football clubs playing in European competitions were made aware of Article 35bis, which states:

1) The licence applicant must have appointed a disability access officer to support the provision of inclusive, accessible facilities and services.

2) The disability access officer will regularly meet and collaborate with the relevant club personnel on all related matters (UEFA, 2015, p.19).

In the United States, the 1990 Americans with Disabilities Act (ADA) provides that facilities constructed after 26 January 1993 must be "readily accessible to and usable by individuals with disabilities" (ADA, 1990, p.42). The ADA requires that stadia built after this date must be accessible to disabled people so they, their families, and friends can enjoy equal access to entertainment, recreation, and leisure. Key accessibility requirements of the ADA 1990 apply and it is stated that compliance with these requirements is essential to provide a basic level of access for disabled people. The key accessibility features of the American 'Accessible Stadiums' document are similar to those provided in the Accessible Stadia Guide (SGSA, 2004a) in the UK. However, the 'Accessible Stadiums' document has been drafted by the U.S. Department of Justice (Civil Rights Division) and the Justice Department's implementing regulations stipulate that sports stadia and other venues covered by Article III must provide equal enjoyment for patrons with disabilities (ADA, 1990). Significantly, in the United States it is recognised that wheelchair users will not pay to attend events they cannot watch because their view is restricted by other spectators; nor will they attend if they are compelled to view the event from an area of the stadium designated for them by the owners, or if they cannot sit with family and friends. The ADA (1990) refers to 'full and equal enjoyment' in an integrated setting that is appropriate to the needs of the

individual, which goes far beyond the traditional concept of a stadium that is wheelchair accessible.

In terms of building regulations in England, new stadia, and stadia undergoing extensions or material alterations are included in the 2013 edition of Approved Document M: Access to and Use of Buildings – Volume 2, Buildings other than dwellings (HM Government, 2013a). The requirements of Part M will be met if reasonable provisions are made to ensure that buildings are accessible and usable by people, regardless of age, disability and gender. The provisions include access to and into the building, horizontal and vertical circulation, building facilities and sanitary accommodation. The document refers to the Equality Act 2010 and the Equality Act (disability) Regulations 2010, which impose a duty to make reasonable adjustments to a physical feature (HM Government, 2013a). However, it states that following the guidance in the Approved Document determines compliance with Part M Building Regulations, but that "this does not necessarily equate to compliance with the obligations and duties of the Equality Act" (HM Government, 2013a, p.11). Section 4 of the Approved Document specifies guidance on the three categories of spectator facilities, (i) lecture/conference facilities; (ii) entertainment facilities (theatres / cinemas); and, (iii) sports facilities (stadia).

This PhD research focuses on wheelchair users, but recognises that the term disabled covers a range of mobility impairments, visual impairments, hearing impairments and cognitive impairments in England, along with hidden disabilities. However, as Geraint, Sheard & Vickery, 2013, p. 120) state in their design and development guide for stadia, wheelchair users are "perhaps the most difficult category to cater for and therefore a crucially important user group". For spectators who are wheelchair users, Paragraph 4.12 of Approved Document M states that Requirement M1 will be satisfied if:

- The route to wheelchair spaces is accessible by wheelchair users;
- the minimum number of permanent and removable spaces provided for wheelchair users is in accordance with Table 4.1;
- some wheelchair spaces (whether permanent or created by removing seats) are provided in pairs, with standard seating on at least one side;

- where more than two wheelchair spaces are provided, they are located to give a range of views of the event at each side, as well as at the front and back of the seating area;
- the minimum clear space provided for wheelchair users is 900mm;
- the clear space allowance for an occupied wheelchair in a parked position is 900mm wide by 1400 deep;
- the floor of each wheelchair space is horizontal; and
- some seats are located so that an assistance dog can accompany its owner (HM Government, 2013a, p.40-41).

The access to, and size of wheelchair space is clearly specified, but for further guidance on "integrating the needs of disabled people into the design of spectator facilities" (HM Government, 2013a, p.40), the Approved Document refers to the Accessible Stadia Guide (2004). The Accessible Stadia Guide was published by the Football Licensing Authority (now known as the Sports Ground Safety Authority) and the Football Stadia Improvement Fund. The Sports Ground Safety Authority (SGSA) carries out a range of statutory functions in relation to football in England and operates a licensing scheme to regulate the spectator viewing accommodation at Premier and Football League Grounds and Wembley Stadium. The publication in 2004 of the Accessible Stadia Guide brought together all background and previous information relating to the requirements of designing and providing for disabled spectators at stadia. It was recommended for use by architects and designers when considering what constitutes 'reasonable provision', in relation to the 1995 Disability Discrimination Act (DDA) (SGSA, 2004a). It is still used today and provides extensive guidelines on access to and around the stadium, designated entrances, movement and circulation, vertical and horizontal circulation, lifts, ramps and refreshment and toilet facilities. The 2004 guidance is a significant document for this research as provisions relating to facilities for wheelchair users in stadia are clearly defined.

4.2.1 Access to and around the stadium

In Part 2: 'Facilities', the Accessible Stadia Guide (SGSA, 2004a) advises that new stadia or stadia undergoing alterations and improvements need to be mindful of level approach access routes for wheelchair users, the provision of car parking areas and

drop off points, and movement and circulation in and around the stadium. Guidance and standards regarding level approach access routes to and around buildings are covered in Section 5 of BS 8300 (BSI, 2009) and Sections 1.8 to 1.13 of Approved Document M (HM Government, 2013a) which can be applied to stadia. Access routes should be either level or have the shallowest possible gradient and an access route or part of a route that has a gradient steeper than 1:20 should conform to the recommendations for ramped access.

The recommendation is that drop-off points should be provided not more than 50 metres from any stand entrance designated for disabled people. Additionally, the drop off points should be sited so that disabled passengers have sufficient time to disembark from vehicles. This needs to be done safely and without causing congestion to traffic or spectators (SGSA, 2004a). Ideally, wherever possible these locations should be under cover. It is important to note, however, that whilst arrival at the stadium will be at different times and therefore staggered, departure from the stadium occurs within a shorter time frame after the match. The drop off areas may not be available immediately after the match for disabled passengers to be picked up, due to safety restrictions. "Site factors and constraints may require consultation and agreement with the local authority and police regarding match day provision and arrangements" (SGSA, 2004a, p.25). Aside from safety issues, the volume and flow of exiting spectators may also hinder the use of the drop off zone.

The key issues with regard to accessible parking highlighted by the Accessible Stadia Guide are the number of spaces, their proximity to the stadium and policing their use. In accordance with Approved Document M, parking bays designated for disabled people should be provided and these facilities should be provided for both home and away supporters visiting the stadium (SGSA, 2004a). It is recommended that designated parking bays should be located close to the main entrance for disabled people. There is no statutory requirement under the Equality Act 2010 to make provision for a certain number of disabled parking spaces. Although Paragraph 4.1.2.3 of BS 8300 states that at recreation and leisure facilities, 6% of the total car parking capacity should be allocated to disabled people, it adds that this requirement will need to be greater for sports stadia. The Accessible Stadia Guide recommends that "Consultation with disabled supporters should allow a fair and reasonable provision at

the stadium" (SGSA, 2004a, p.26). Statistics for parking badges for disabled people ('The Blue Badge Scheme') in England in 2016 show that 4.3% of the population held a Blue Badge, a 0.6% increase when compared with the previous year (Department for Transport, 2016). There were variances across the country in the figures for Blue Badges held ranging from 2.8% of the population in London to 7.2% of the population in St Helens. However, the overall figure of 4.3% for England suggests 6% parking allocation is higher than the average percentage of Blue Badge holders in the population (Department for Transport, 2016). Spaces designated for disabled parking require some means of monitoring to ensure that they are kept free for disabled users to park in, so the guidance also recommended that stadia management take responsibility for ensuring that designated and allocated parking bays are supervised and controlled by match-day stewards (SGSA, 2004a).

Designated entrances should provide wheelchair users with doorways that are accessible, depending on the angle of approach, and should allow wheelchair users to move clear of one door before using the next one (SGSA, 2004a). A conventional passenger lift should be provided as means of access for all users to all levels in a new building. However, Paragraph 3.17 of Approved Document M recognises that in some existing buildings it may not always be possible to install a size of lift that would be suitable for use by all wheelchair users (HM Government 2013a). If this is the case, Accessible Stadia guidance states that passenger lifts or platform lifts "should be provided for access to wheelchair viewing areas or ancillary accommodation including WCs, refreshment areas and executive/directors boxes" (SGSA, 2004a, p.31). Wheelchair users need sufficient time and space to manoeuvre into the lift and should be able to reach the controls on the landing, and also inside the lift. Detailed dimensions as to size, location and height of controls, door clearance width and clear waiting area outside lifts are given in Paragraph 8.4.3 of BS 8300 (BSI, 2009). All ramps for both existing and proposed facilities should comply with the requirements of Paragraph 8.2 of BS 8300.

On entering the stadium, ticket facilities should be available from a lowered counter for wheelchair users, as recommended in Paragraph 11.1.3 of BS 8300 (BSI, 2009). In terms of movement and circulation, access routes are significant as they ensure the safe flow of spectators when there is intensive and simultaneous crowd movement in

both directions on a busy match day. For this reason, the guidance states that access routes should be at least 1.8 metres wide and 2.1 metres in clear height and a passing place of 2.0 metres long and 1.8 metres wide should be provided (SGSA, 2004a). However, the Accessible Stadia Guide does accept that "a width of 1.5m may be acceptable if the route is less busy and passing places are provided for wheelchair users" (SGSA, 2004a, p.27). Paragraph 5.3 of BS 8300, (BSI, 2009) also provides guidance regarding the distance between passing places.

4.2.2 Number of wheelchair spaces

The Approved Document (2013) follows the guidance in the Accessible Stadia Guide for the minimum number of permanent and removable spaces to be provided for wheelchair users where the total capacity is less than 10,000 seats, as shown in Table 4.1. Approved Document M recommends that where possible a greater number of wheelchair spaces should be accommodated (HM Government, 2013a). This is supported by the guidance in the Accessible Stadia Guide which states that "Designers are advised to pursue an enlightened and flexible approach. This is particularly important in view of the potential numbers of disabled people who may wish to attend football matches" (SGSA, 2004a, p.37).

Table 4.1
Provision of wheelchair space in audience seating (HM Government, 2013a)

Seating capacity	Minimum provision of spaces for wheelchairs	
	Permanent	Removable
Up to 600	1% of total seating capacity (rounded up)	Remainder to make a total of 6
Over 600 but less than 10,000	1% of total seating capacity (rounded up)	Additional provision if desired

Note: For seating capacities of 10,000 or more, guidance is given in 'Accessible stadia: a good practice guide to the design of facilities to meet the needs of disabled spectators and other users'.

There are currently approximately 1.2 million wheelchair users in the UK (NHS England, 2017; Disability Sport, 2017) accounting for an estimated 1.9% of the UK population in 2017 (Disabled World, 2017), based on a total population of 65.6 million (Office for National Statistics, 2017). It would seem therefore, that the figure of 1% for

wheelchair seating could be underestimating the current number of wheelchair users in the UK.

For seating capacities of 10,000 or more, the Approved Document (2013) refers to the Accessible Stadia Guide to determine the minimum acceptable scale of provision of wheelchair spaces in newly constructed stands, as shown in Table 4.2.

Table 4.2
Minimum acceptable scale of provision of wheelchair spaces (SGSA, 2004a)

Seated capacity of newly constructed ground	Number of wheelchair spaces
Under 10,000	Minimum of 6 or I in 100 of seated capacity (whichever is greater)
10,000 to 20,000	100 plus 5 per 1,000 above 10,000
20,000 to 40,000	150 plus 3 per 1,000 above 20,000
40,000 or more	210 plus 2 per 1,000 above 40,000

Table 4.3 shows a worked calculation of wheelchair space provision for stadia of 40,000 or more capacity based on the minimum criteria, (as defined in Table 4.2). As can be seen, a seated capacity of 40,000, would require 210 wheelchair spaces as a minimum, which is 0.5% and not proportionate to the number of wheelchair users in the UK. This percentage of wheelchair spaces decreases as the seated capacity of stadia increases. For example, for a stadia with a seated capacity of 95,000, the minimum number of wheelchair spaces would be 320, giving a percentage of 0.3%, which is far below the 1.9% of people who use wheelchairs in the UK.

Although the minimum number stated applies to new stands, or newly constructed ground, the Football Task Force, (SGSA, 2004a) recommended that the minimum provision as stated in the 2004 Accessible Stadia Guide should also apply to existing stands.

Table 4.3
Calculation of wheelchair space provision for seating capacities 40,000 to 95,000 (based on SGSA, 2004)

Seated capacity	Minimum no. of wheelchair spaces	Seated capacity	Minimum no. of wheelchair spaces
40,000	210	70,000	270
45,000	220	75,000	280
50,000	230	80,000	290
55,000	240	85,000	300
60,000	250	90,000	310
65,000	260	95,000	320

4.2.3 Dispersal of wheelchair spaces

The Accessible Stadia Guide (SGSA, 2004a) states that wheelchair users should be offered a selection of accessible viewing areas within the stadium. This is in accordance with Paragraph 11.3.1 of BS 8300, which affirms that wheelchair users should be provided with a range of vantage points and the option of sitting next to a disabled or non-disabled companion (BSI, 2009). The Accessible Stadia Guide recommends, therefore, that wheelchair spaces should be dispersed throughout the stadium to provide a variety of locations at different levels wherever possible. This will enable spectators who are wheelchair users to sit with family and friends and designated viewing areas for wheelchair users "should be included in any 'family' areas within a stadium" (SGSA, 2004a, p.36). In terms of the location of spectator viewing areas, the Accessible Stadia Guide concluded that whilst it was appropriate to provide some wheelchair users with pitch level viewing, "no more than 25% of wheelchair spaces in totality should be at pitch side" (SGSA, 2004a, p. 44) and that the majority of wheelchair spaces should be located within the stands. With regard to away supporters who are wheelchair users, significantly, the Accessible Stadia Guide (SGSA, 2004a) stated that they should sit with supporters of their own team and not be located with the home supporters.

4.2.4 Design of wheelchair spaces

Paragraph 4.12 of the 2013 Approved Document M stipulates that the minimum clear space provided for wheelchair users is 900mm, and that the clear space allowance for

an occupied wheelchair in a parked position is 900mm wide by 1400mm deep (HM Government, 2013a). The Accessible Stadia Guide (SGSA, 2004a) however, recommends that each designated wheelchair space should ideally measure 1400mm by 1400mm to enable a companion to sit alongside the wheelchair space in a fixed or removable seat. The guidance recognised that additional wheelchair spaces could be provided by removing seats, but stipulated that the seating must always be in pairs and adjacent to fixed seating for companions (SGSA, 2004a). This correlates with Paragraph 4.12 of the 2013 Approved Document which says that some wheelchair spaces should be provided in pairs, with standard seating on at least one side (HM Government, 2013a). Hence, designated wheelchair spaces may be those which are kept clear at all times for wheelchair users or which can be easily provided by removing seats in flexible viewing areas, although "space standards and access to all facilities must be the same as for permanent wheelchair spaces" (SGSA, 2004a, p47-48).

The guidance, in accordance with Paragraph 4.12 of Approved Document M, also states that seats should be provided that allow for an assistance dog to accompany its owner and rest close to the seat. Further advice with regard to planning the viewing areas for disabled spectators was for designers and management to consider the viewing implications when other events take place such as music concerts or other sporting occasions (SGSA, 2004a). A further recommendation of the 2004 guidance is that the choice of accommodation for disabled spectators should include fully enclosed heated viewing areas as wheelchair users may be particularly susceptible to the cold, although there is no reference to this in other documents.

4.2.5 Sightlines

The provision of viewing areas located around the stadium designated for spectators who are wheelchair users has implications for the sightlines of both disabled spectators and non-disabled spectators. All spectators should have a clear view of the sporting event, one that is unobstructed by people, roof stanchions or other obstructions. The main principle is that any wheelchair seating area should be designed so that spectators in wheelchairs can still see the event when spectators in front are standing up. Viewing standards of wheelchair spaces are given particular attention in the Accessible Stadia Guide (SGSA, 2004a), in recognition that wheelchair users cannot stand up to avoid having their view blocked. This is reiterated in BS 8300:

2009+A1:2010: 'the design of buildings and their ability to meet the requirements of disabled people', which includes sports buildings. Paragraph 11.4.4 of the British Standard recognises that any wheelchair user seating area should be designed so that the spectators who use wheelchairs can still see the event if people in front stand up (BSI, 2009). Acknowledging that, "at exciting moments during an event some seated spectators will stand. This can affect the quality of view of those in wheelchair spaces behind" (SGSA, 2004a, p.41), the Accessible Stadia Guide advises that designers take into account the National Association of Disabled Supporters' (former name of the charity Level Playing Field) recommendation for elevated viewing and the use of 'Super risers'. Figure 4.1, 'Sightlines for wheelchair users in mid-tier seating' (SGSA, 2004b) illustrates the increased height provided by a riser to enable a view over spectators who may be standing in front. In order to ensure an acceptable viewing standard for spectators who are wheelchair users, the guidance recommends a minimum elevated position. The preferred minimum increased riser height is 1200mm, which can be achieved by the use of an increased height riser (SGSA, 2004a). A 'Super riser' may be in the order of several times the height of a normal stepping riser and allows the wheelchair user to see over any spectators standing in the row directly or diagonally in front.
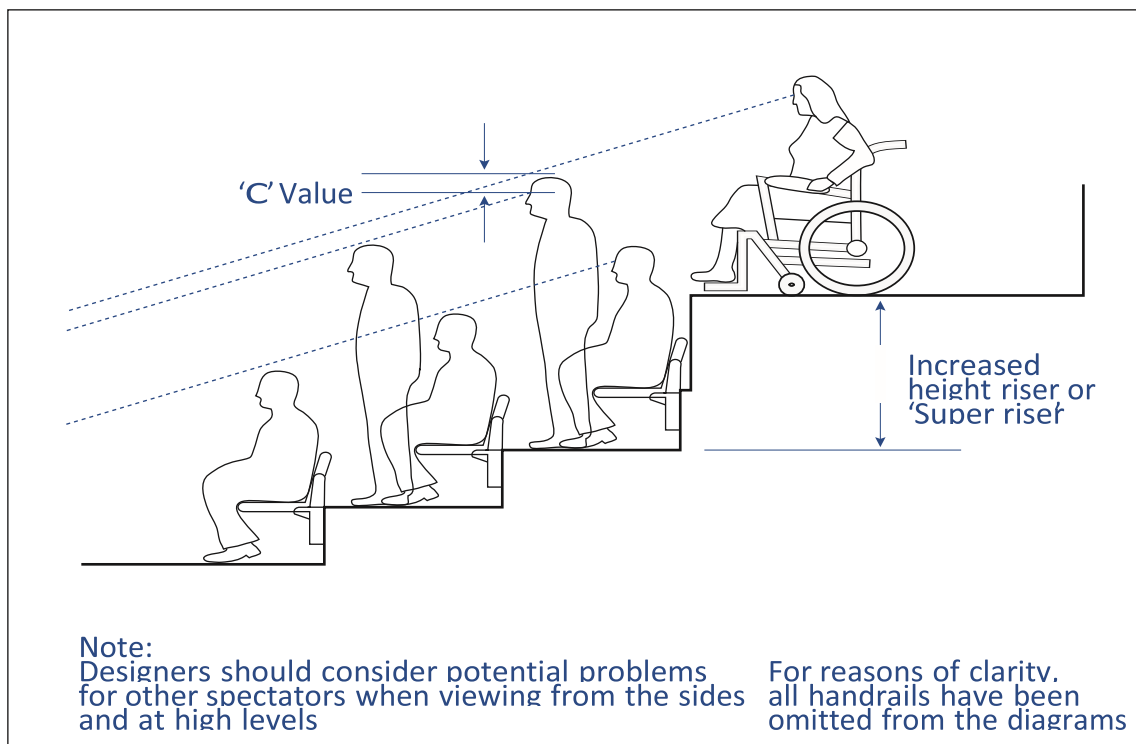
Figure 4.1 Sightlines for wheelchair users in mid-tier seating (SGSA, 2004b)

If a lower riser is proposed, designers must demonstrate that an acceptable viewing standard can be achieved as "the calculation of sightlines is a very complex issue and not a case where 'one size fits all'" (SGSA, 2004a, p.41). The quality of sightlines is defined in C-values. The C-value is the vertical measurement from the eye level of the person in front to the sightline of the person behind. Calculating C-values can be complex and should be undertaken by someone who fully understands the principles and wider issues of viewing quality (SGSA, 2004a). The accepted formula for calculating sightlines as defined in the (2004) Accessible Stadia Guide is: **C = D (N + R) - R D + T**   Where:

C = the C-value

D = the horizontal distance from the eye to the point of focus

N = the riser height

R = the vertical height to the point of focus

T = the seating row depth (SGSA, 2004, p.40a).

The Accessible Stadia Guide (SGSA, 2004a) proposes that a wheelchair user's eye level be measured as the vertical distance from the centre of their wheels, although the position of spectators sitting in wheelchairs can vary considerably, depending on factors such as whether they are of short stature or unable to sit in an upright position. However, an average eye level of 1,150mm is generally used (SGSA, 2004a) while the assumed height of a person standing in front is 1,800mm (CAFE, 2011). "It is generally acknowledged that an acceptable viewing standard is obtained with a C-value of 90mm or above for all new stands" (SGSA, 2004a, p.40). It is important to note that the spectator in the companion seat next to the wheelchair user should be provided with the same minimum C-value.

When providing the wheelchair user with a sightline to the pitch, the design of mid-tier seating must also ensure that other spectators who are not wheelchair users do not have their view blocked by the wheelchair user. Figure 4.2 (SGSA, 2004c) shows two unsatisfactory seating designs for mid-tier wheelchair spaces in stadia.
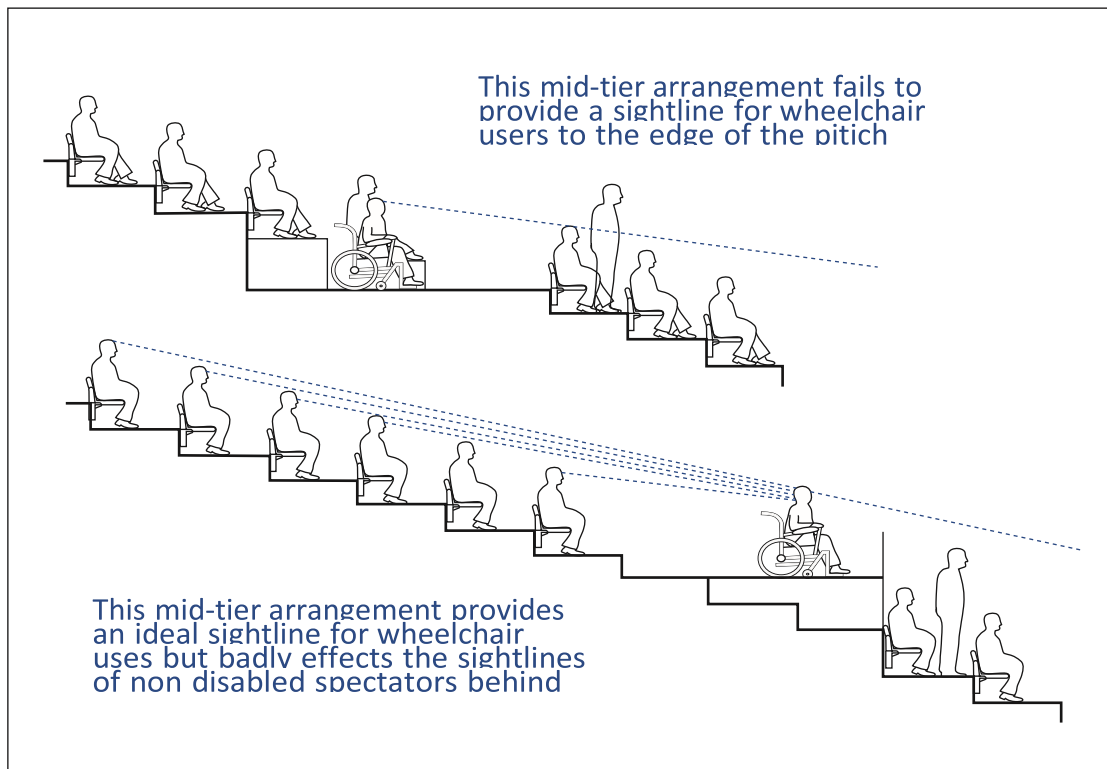
Figure 4.2 Two unsatisfactory designs of mid-tier wheelchair spaces (SGSA, 2004c)

The top design illustrates a mid-tier arrangement which is satisfactory for other spectators, but which fails to provide the wheelchair user with a sightline to the pitch; the design underneath illustrates a mid-tier arrangement which is satisfactory the wheelchair user but which fails to provide a sightline to the pitch for the non-disabled spectators behind. Wheelchair users should be able to manoeuvre easily to a space that allows them a clear view of the event, but horizontal circulation within the stadium can impact on the movement, safety and sightlines of spectators located in pitch side areas. In order to limit the movement of non-disabled spectators in front of wheelchair users, the guidance recommends that, "the optimum use of lateral gangways to entry/exit points should be applied" (SGSA, 2004a, p.34).

Cameramen, stadia staff, players 'warming up', match officials and advertising hoardings can obscure sightlines at pitch level, as shown in Figure 4.3 (SGSA, 2004d).
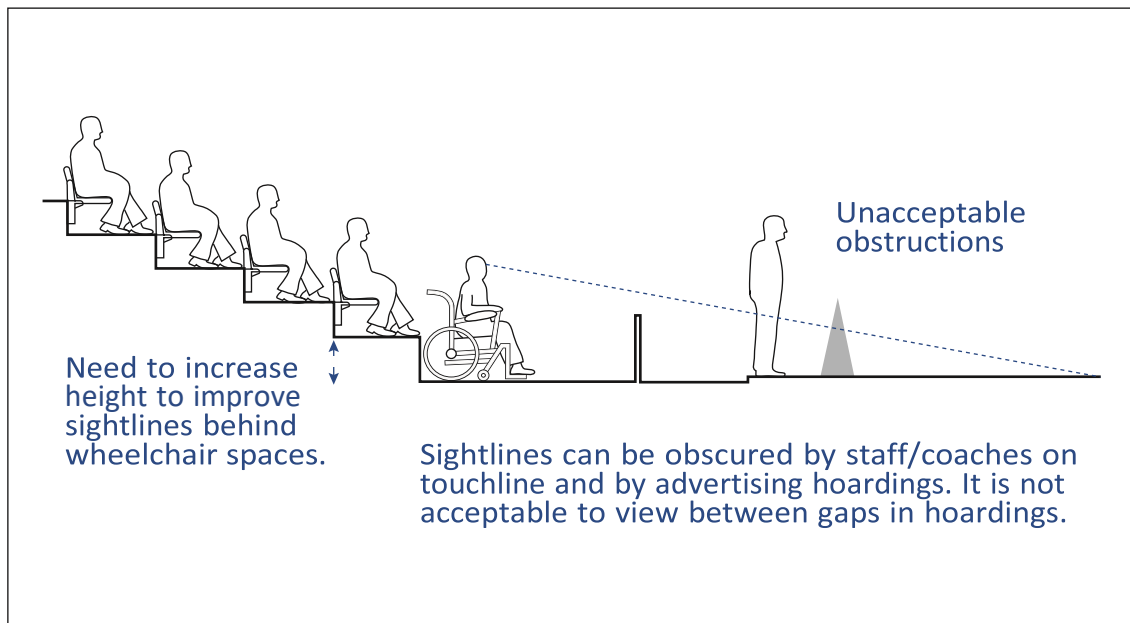
Figure 4.3 Sightlines from pitch level viewing areas: Views obstructed by officials or hoardings (SGSA, 2004d)

With regard to sightlines for wheelchair users who are located pitch side, it should always be remembered that having clear sightlines to the pitch becomes particularly significant for those wheelchair users who have restricted head and body movement preventing them from leaning forwards or sideways in their seats, or turning their heads (SGSA, 2004a). Therefore, wheelchair users should not be located where viewing obstructions are likely to occur. Whilst the impact of poor sightlines, is more likely to be felt by wheelchair users located pitch side, viewing obstructions at pitch level can have a disproportionate effect on other spectators who are located there. Other disabled people, older people, people of short stature and children may also have their view blocked by this problem in service design.

Accessible Stadia guidance states that elevated viewing "provides perfect sightlines, without any detriment to the sightlines of others" (SGSA, 2004a, p.47). However, there should be an awareness of the location and design of handrails. In particular, designers should also be aware of the impact on sightlines for wheelchair users that handrails might have on elevated platforms (SGSA, 2004a). The guidance states that where handrails are required, clear non-reflective safety glass should be used (and kept clean), to allow an unhampered view. Elevated viewing positions may be preferred by disabled spectators and can offer better protection from the weather, as illustrated in Figure 4.4 (SGSA, 2004e).
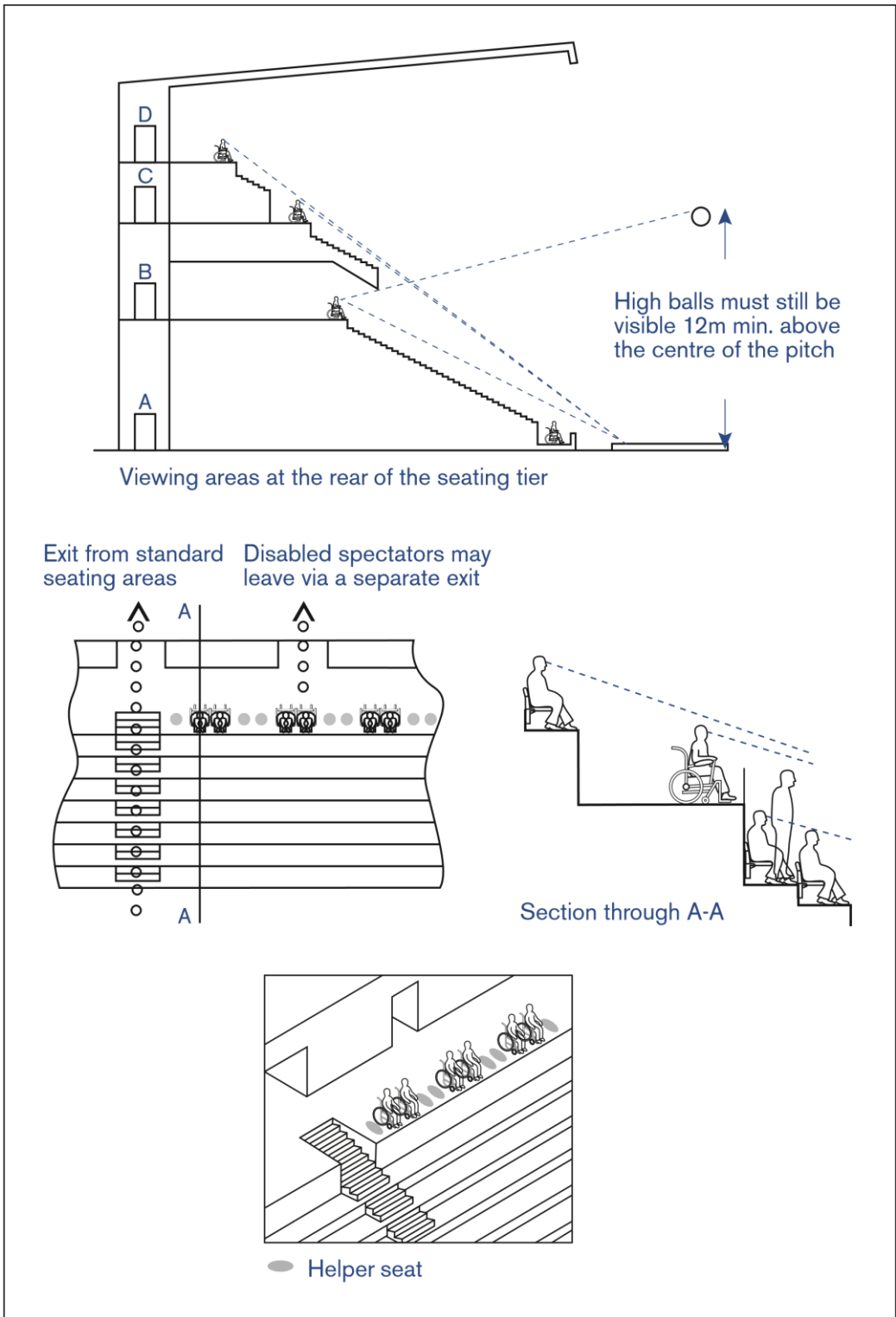
Figure 4.4 Sightlines from elevated viewing positions (SGSA, 2004e)

4.2.6 Sports Ground Safety Authority (SGSA) supplementary guidance

Since the publication of the Accessible Stadia Guide in 2004 there have been significant changes to equality legislation and progress in the development of inclusive

design solutions. Taking account of these factors, in 2015 supplementary guidance was produced regarding the provision and management of accessible facilities and services at sports stadia. 'Accessible Stadia: Supplementary guidance' was published by the Sports Ground Safety Authority (SGSA) in order to provide updated information regarding changes in legislation and recommended good practice. The SGSA developed the guide to be used alongside the 2004 Accessible Stadia Guide "as a benchmark of good practice for new and existing sports grounds, offering practical, clear solutions that will help deliver high-quality grounds with facilities and services that are accessible, inclusive and welcoming for all" (SGSA, 2015a, p.2). The supplementary guidance stressed the importance of consultation with local and national disability organisations and groups, when planning how sports stadia should be designed and managed.

The 2015 supplementary guidance reinforced the principles of the 2004 Accessible Stadia Guide in relation to spectators who are wheelchair users. For example, where football matches and sporting events require segregation of supporters, the guidance stated that viewing areas should be provided so that spectators are accommodated within their own fan base (SGSA, 2015a). The supplementary guidance highlighted the importance of adopting the social model of disability when creating an inclusive sports stadium so that solutions to physical, sensory, intellectual, psychological and attitudinal barriers could be found.

The SGSA supplement to the 2004 Accessible Stadia Guide gave additional guidance to reflect more recent best practice. For example, although the 2004 Accessible Stadia Guide specified the minimum requirements with regard to seating numbers for wheelchair users, significantly, it did not make any recommendations regarding seating provision for ambulant disabled spectators. This was addressed in the 2015 supplementary guidance. As well as the provision of wheelchair user spaces, the SGSA (2015a) advised that all stadia should be designed so that an equitable number of amenity and easy access seats were provided to accommodate spectators with limited mobility. Extending the provision of seating the SGSA (2015a) recognised that some disabled spectators may require seating with, for example, extra leg room or armrests (although these should be removable), or at the end of rows. The guidance also clarified that wheelchair user spaces and amenity and easy access seating

located in hospitality areas should be provided in addition to those provided as part of the quota for general seating areas.

4.3 Facilities management in stadia

The Accessible Stadia Guide (SGSA, 2004a) contends that it is imperative that consultation takes place with local and national disability groups and disabled end-users when clubs devise plans for the design and management of sports stadia. For all stadia, either existing or proposed, the guidance states that management should develop an access strategy alongside an ongoing process of consultation and review (SGSA, 2004a). Importantly, disabled spectators should be involved in the decision-making process when new facilities are planned, and this engagement should continue beyond delivery so that the effects can be monitored. This is particularly important when considering changes to wayfinding in and around the stadium and support facilities. "Important facilities, such as car parking, information centres, designated entrances, first aid, circulation routes, lifts, unisex toilets and escape routes should be well signposted, with consideration for the critical heights of each sign" (SGSA, 2004a, p.29). Disabled people rely on clear wayfinding on access routes, in order to locate viewing areas and toilet and refreshment facilities, therefore a comprehensive and consistent policy regarding signage should be adopted and followed throughout the stadium (SGSA, 2004a). Stadia management need to ensure that areas where disabled spectators are located have adequate access to support facilities, such as toilet and refreshment facilities and that these facilities are clearly identified with appropriate signage.

4.3.1 Support facilities

It is advised that accessible unisex toilets should be available around the stadium and located as close to areas for disabled spectators as possible. The Accessible Stadia Guide recommends that "toilets should be located as close as possible to the disabled seating area and the horizontal travel distance from viewing areas, even if accessed via a lift, should not exceed 40 metres" (SGSA, 2004a, p.53). The guidance adheres to the recommendation of National Association of Disabled Supporters (former name of Level Playing Field), which says that one accessible toilet should be provided per fifteen wheelchair spectator spaces (SGSA, 2004a). Furthermore, Paragraph 5.8 of Part M states that wheelchair accessible unisex

cubicles should be provided rather than same sex integral provision (HM Government, 2013a). Unisex cubicles are easily identified, more likely to be available and also accommodate assistance by a companion of the opposite sex. The Accessible Stadia Guide (SGSA, 2004a) points out that some disabled spectators may need to use the toilet more frequently than others, therefore accessible toilets should not be made generally available to non-disabled spectators. However, some disabilities are not visible and as such people who are viewed as non-disabled may have need of an accessible toilet due to their disability. As Bichard (2015, p.379) asserts the rights of access by the visibly disabled can be "at the exclusion of others whose disability is 'invisible' but who may also require the accompanying adaptations the cubicle provides, generating concepts of 'ownership' that dictate who is permitted to use the accessible facility".

The Accessible Stadia Guide (SGSA, 2004a) notes that wheelchair users should to be able to transfer from their wheelchairs to the toilet from different angles, according to their disability. Where more than one WC compartment for wheelchair users is available, it is recommended that both left and right handed transfer layouts should be provided, in accordance with Paragraph 12.4.3.1 of BS 8300 (BSI, 2009). For clarity, the Accessible Stadia Guide recommends that signs on the doors should indicate whether a right-handed transfer or a left-handed transfer is being provided (SGSA, 2004a). However, one of the additions to 'Accessible Stadia: Supplementary guidance' (SGSA, 2015a) that reflected recent best practice was the recommendation that clubs install a 'Changing Places' toilet facility at their stadium, as shown in Figure 4.5 (SGSA, 2015b).

As can be seen, the Changing Places toilet facility offers a larger toilet area and is fitted with a fixed, tracked or mobile hoist and a changing bench. The extended space provided in 'Changing Places' toilet facilities can accommodate "disabled people who may use large, complex wheelchairs such as those with elevated leg rests, a reclining facility or integral oxygen cylinders" (SGSA, 2015a, p.6). Such facilities should not replace existing accessible toilets, but should be provided in addition to standard unisex accessible toilets. In assessing the quantity of facilities required, designers and managers should consider the time a disabled person may take in using the toilet

facility and whether there is sufficient capacity during peak demand, for example during half time or full time.

Figure 4.5 Changing Places toilet facility (SGSA, 2015b)

For stadium refreshment facilities, Accessible Stadia guidance stipulates that bars and service counters should be designed so that they can be reached and used by all people, including wheelchair users (SGSA, 2004a). "The accessible part of the working surface of a bar should be at a level of not more than 850mm from the floor with a clear space beneath at least 700mm above the floor" (SGSA, 2004a, p.57). This can be achieved by providing level access and removable seating (or no seating at all) to accommodate wheelchair users. With regard to tables, table legs or bases should be set in from the table edge to allow for the approach of wheelchair users (SGSA, 2004a). Service counters should be designed to the same guidelines as bars, that is, with a lower section and a clear space beneath for wheelchair users.

4.3.2 Management and operational issues

Although the Accessible Stadia Guide (SGSA, 2004a) focuses on design standards and best practice, the strong link between design and management is acknowledged. Management and operational issues need to be addressed as well as physical

features to ensure good access. Disability and equality management and operational procedures should include: Staffing and staff training (disability etiquette and access awareness training); ticketing and charging policies; information (travel, match day facilities and services); customer service contacts; websites; club publications; and match programmes. These policies, procedures and practices are crucial to the match day experience of disabled spectators.

The Premier League (2009) and the Football League (2010) have published comprehensive guidance on management and operational matters at football stadia for disabled supporters and customers. The guidance for both leagues covers staffing, ticketing, match day and other issues and should be adhered to by stadia and football club management. In terms of staffing, the guidance for both organisations states that clubs should have a dedicated Disability Liaison Officer with knowledge of disability discrimination law and practice for disabled supporters. The Disability Liaison Officer should be the main point of contact if issues arise (Premier League, 2009; Football League, 2010). This correlates with the Accessible Stadia guidance, which advises that, "Designated disability coordinators should be involved in the days preceding matches, often based at the ground and will organise and manage the seating arrangements for home and away supporters" (SGSA, 2004a, p.68). The name, telephone number and email address of the person at the club designated as the contact for disabled spectators should be included in the stadium information guide. Paramio-Salcines & Kitchin (2013) assert that appointing a Disability Liaison Officer (DLO) is an important strategy to address stadium accessibility and wider-equity issues for disabled spectators and their companions.

In 2011, the Centre for Access to Football in Europe (CAFÉ) and the Union of European Football Associations (UEFA) specified the following comprehensive requirements for a Disability Liaison Officer:
- Has a clear and precise understanding of disability legislation and providing an accessible stadium and club premises (i.e. accessible facilities and services for disabled spectators, visitors, staff and players) on both match and non-match days;
- Stays up to date with existing disability and equality legislation, accessible stadia guidance, new legislation and good practice guidance;

- Acts as the main point of contact between the football club, its disabled customers, staff and players and ensure that their access requirements are met;

- Promotes the needs of disabled people to the club and act as a "champion" for disability issues and the business benefits of creating an accessible stadium;

- Ensures that the club and/or stadium undertakes a professional access audit and develops a mission statement and access plan to ensure that the club meets its legal duties and to ensure continued access improvements to all facilities and services at the club, including all stadium areas, such as reception areas, ticket office, shops, amenities, stadium seating, hospitality and VIP areas, parking, etc. (in accordance with existing legislation and guidance);

- Ensures on-going access improvements each season to the clubs facilities and services;

- Ensures all club staff are trained in disability awareness and understand the requirements of a disabled person on match and non-match days;

- Ensures all personnel at the club and/or stadium are aware of their responsibilities to disabled people and feel able to communicate and interact with a wide range of disabled people with different access requirements;

- Works with other departments at the club and external agencies to ensure access information for disabled supporters and visitors is available via the club media portals (such as the club website and publications); is available in accessible formats; and encourages the sharing of good practice solutions;

- Ensures adequate provision and responsible allocation of disabled parking areas on both non-match days and match days (if available) and including provision of accessible drop-off points;

- Provides guidance to the ticket office on the equal management of disabled persons tickets including the provision of a personal assistant ticket if required (although the Disability Liaison Officer should not allocate or sell the disabled supporter tickets, nor should any supporter group); and

- Acts as a liaison between the club and its disabled customers and disabled supporters and their associations or groups. Support the establishment of

user-led consultation and on-going dialogue between disabled people and the club (Centre for Access to Football in Europe (CAFÉ), 2011).

In addition to a Disability Liaison Officer, the Premier League (2009) and the Football League (2010) guidance states that clubs should have a named manager with responsibility for disability issues and that all staff, including managers, who come into contact with fans and customers should receive disability equality training. Whilst it is accepted that well designed facilities can reduce the need to rely upon high levels of stewarding, management "must ensure that full time staff and match day stewards involved in providing a service to disabled spectators are well trained and sensitive to the needs of disabled people" (SGSA, 2004a, p.67). Whilst it is critical therefore, that all match day stewards complete disability awareness and equality training courses, all other club staff would also benefit. Knowledge of all the stadium facilities (and their location) is an essential part of this training, including car parking, circulation and movement in and around the stadium, toilet and refreshment facilities, spectator seating areas and emergency and evacuation procedures (SGSA, 2004a). The Accessible Stadia guidance stresses that clear advice on the location of accessible facilities and wheelchair spaces must be provided for stadia staff and disabled spectators. The information provided should include a seating plan of the stadium which highlights the location, number and type of seating, parking and access to the stadium (SGSA, 2004a). This is particularly relevant to away team spectators who may be visiting the stadium for the first time.

With regard to ticketing procedures, the Premier League (2009) and the Football League (2010) guidance advises that the allocation and distribution of tickets for disabled supporters should be handled by clubs and not by supporters' associations, as is the case for non-disabled ticket sales. Likewise, season ticket policies should be the same for disabled and non-disabled supporters. Importantly the guidance states that club ticketing policies should provide for personal assistants (PAs) to be admitted without charge, where a disabled supporter requires a PA in order to attend a match (on condition that the PA provides support to the disabled person as required). Furthermore, any policy on, for example the free PA ticket, should be published and made available in alternative formats.

In accordance with Premier League (2009) and the Football League (2010) guidance, ticketing policies should:

1. Provide general information about availability and pricing, giving details of changes at the earliest possible opportunity;

2. Aim to promote greater accessibility;

3. Allow for a broad range of ticket prices, including reduced prices for seats with restricted view and concessionary prices;

4. Include details of any membership or loyalty scheme (whether limited to disabled supporters or not). It should be noted that any such scheme for disabled supporters should be voluntary, unless all non-disabled supporters are also required to join a scheme;

5. If a club has a concessionary ticket policy for disabled supporters, it should apply to all disabled supporters, regardless of their needs. It should be based on the need to be accommodated in a designated disabled seating area, such as for wheelchair users; and,

6. Where non-disabled fans can purchase tickets over the phone or on the Internet, it is reasonable to provide disabled supporters with access to the same facility (Premier League, 2009, D4: Ticketing Issues; Football League, 2010, p.4).

In terms of match day and other issues, Premier League (2009) and Football League (2010) recommendations follow the guidance in the 2004 Accessible Stadia Guide. Of particular relevance for spectators who are wheelchair users, the recommendations state that separate home and away facilities should be provided. Furthermore, clubs should endeavour to provide weather protection for disabled fans in exposed areas of stadia (such as pitch side) and should seek to minimise interference with viewing from pitch-side seating areas, including seeking to reduce foot traffic passing in front of them. Other recommendations are that websites, club publications and media (such as TV channels) should be fully accessible, that clubs should endeavour to arrange that a minimum of 5-6% of the total number of car parking spaces are designated for disabled supporters and that information about access and other facilities for disabled people should be easily available (Premier League, 2009; Football League, 2010). The Football League (2010, p.4), however, make a further recommendation that, "It is

advisable for clubs to carry out a full access audit of facilities and services by accredited auditors".

The 'Accessible Stadia: Supplementary guidance' (SGSA, 2015a) reminds service providers at both new and existing stadia that they have a legal duty to make reasonable adjustments. It recommends an access audit of existing facilities to ensure that disabled people can access the stadium and its services. This should include:

- A review of site plans, building plans, sections and elevations of the 'as built' facilities, if available. Offsite facilities should be included;
- A review of build dates of facilities, existing access and inclusion management and operational procedures and facility provisions; and
- A review of existing provision and arrangements for public transport, off site car parking and access routes to the stadium (SGSA, 2015a, p.8).

Once this is completed, the auditor should provide a prioritised 'Access Action Plan' or strategy which details management responsibilities and actions, timescales, agreed policies, staff training and schedule for any proposed works.

Notably, the supplementary guidance (SGSA, 2015a) highlights the delivery of the 2012 Olympic and Paralympic Games in London 2012 as a turning point in identifying the critical role played by inclusive environments in eliminating discrimination and promoting equality of opportunity. The standards of good access provided to disabled visitors clearly demonstrated what could be achieved when there is intention and commitment to ensuring sporting venues that are inclusive to all. The Olympic Delivery Authority (ODA) together with its partners used the power of the Games to inspire change and take a proactive approach to improving standards of inclusive design. In 2007 the ODA produced their own Inclusive Design Standards (IDS) to guide project teams on the principles of inclusive design they were expected to adopt and the procedures that they were expected to follow in delivering them (ODA, 2007). It contained a mix of guidance and requirements generated from a large number of published guidance, including BS 8300:2001 and ADM: 2004, and good practice documents and is an essential document in the consideration of stadia design.

In 2008 the Olympic Delivery Authority (ODA) published its 'Inclusive Design Strategy' which set out the Inclusive Design Standards that they had developed to provide

design teams, developer, contractors and partners with the necessary guidance for addressing matters of inclusive design in a consistent way. "The aim of the standards is not to set a benchmark of minimum standards, but rather to achieve the highest standards of accessibility and inclusive design" (ODA, 2008, p.15). An Access and Inclusion Forum was established to assist the ODA in delivering an inclusive and accessible Olympic Games, Paralympic Games and a legacy for disabled people both during and after the 2012 Games. The objective was to "connect with disabled people, including organisations of disabled people, and to garner their views and experiences" (ODA, 2008, p.21).

Following the 2012 Games the International Paralympic Committee published and accessibility guide in 2013, 'An Inclusive Approach to the Olympic & Paralympic Games'. The guide is endorsed by the Sports Ground Safety Authority (SGSA) as "expert guidance and detailed technical information based on tried and tested best practice, to enable the delivery of truly inclusive Games for all stakeholders" (SGSA, 2015a, p.9).

There are three fundamental principles on which the 2013 International Paralympic Committee (IPC) Accessibility Guide is based:
1. Equity: Same experience or level of service, regardless of functional capacity;
2. Dignity: Individual's status and respect maintained; and
3. Functionality: Service/facility meets the needs of all constituent groups (IPC, 2013, p.18).

The principles and practices identified by the International Paralympic Committee Accessibility Guide reflected the overall strategy to "create a culture of inclusion, which will then influence and change in the long-term" (IPC, 2013, p.7). This concept of safeguarding a lasting legacy for disabled people from the 2012 London Games is appraised in the next section.

Table 4.4 shows an historical summary of the guidance and other events referred to in this chapter, since the implementation of Part II of the Disability Discrimination Act (DDA) in 2004 that has significance for the design and operation of sports stadia in England.

Table 4.4

Historical timeline of guidance and its significance for stadia design and operation

Year	Guidance	Significance to design and operation of stadia
2004	Disability Discrimination Act Part III came into force	Deadline for when Part III - Access to goods, facilities and services had to be implemented, including access to sports stadia.
2004	The Accessible Stadia Guide published	Published by the Football Licensing Authority (now the Sports Ground Safety Authority) and the Football Stadia Improvement Fund. Brought together a working group of interested organisations and agencies to set out the minimum requirements with regard to standards of design for disabled spectators in stadia to meet the requirements of the DDA.
2007	Olympic Delivery Authority Inclusive Design Standards published	Set out the Inclusive Design Standards using guidance taken from BS 8300 (2001) and ADM (2004) but also requirements generated from a large number of published guidance and good practice documents.
2008	Olympic Delivery Authority Inclusive Design Strategy published	Published September 2008. Set out the strategy for an Olympic Park designed to be as accessible and inclusive as possible for a wide range of spectators.
2009	Premier League *Guidance on Disabled Fans and Customers* published	Set out recommendations for accommodating disabled supporters and customers for football clubs competing in the Premier League. Guidance sheets written by David Ruebain & Chris Barnett, Levenes Solicitors.
2010	Football League *Guidance on Disabled Fans and Customers* published	Set out recommendations for accommodating disabled supporters and customers for football clubs competing in the Football League. Guidance adapted from an original document written by David Ruebain & Chris Barnett, Levenes Solicitors.
2011	Centre for Access to Football in Europe (CAFE) good practice guide published	Published by the Centre for Access to Football in Europe (CAFE) and the Union of European Football Associations (UEFA). Set out good practice for creating an accessible stadium and match day experience for disabled spectators.
2013	*An Inclusive Approach to the Olympic & Paralympic Games* published	Accessibility guide published by the International Paralympic Committee and endorsed by the Sports Ground Safety Authority as 'expert guidance and detailed technical information based on tried and tested best practice'.
2015	Accessible Stadia: supplementary guidance published	Published by the Sports Ground Safety Authority (SGSA) it provided updated information to be used alongside the 2004 Accessible Stadia Guide 'as a benchmark of good practice for new and existing sports grounds'.

4.4 The Olympic and Paralympic legacy

A concern for enduring outcomes lies at the heart of the Olympic Games in a way that no other sporting or cultural event could expect to match. Fundamental to this is the concept of 'legacy'. One of the areas of ambition for a long-term legacy from the 2012 Olympic and Paralympic Games was 'to develop the opportunities and choices for disabled people' in which the UK Government cited London 2012 as the impetus for

developing and delivering a meaningful legacy for disabled people in Britain by changing attitudes, improving access and opening up new opportunities (HM Government, 2013b). Central to this legacy was the strong economic, moral and social case for inclusive design to be a core feature of the training for built environment professionals (HM Government, 2013b). London 2012 demonstrated how much could be achieved if the challenge of making the Games fully inclusive and accessible was embraced.

The UK Government and the Mayor of London's office announced that there would be a commitment to develop and deliver a lasting legacy that built upon the impetus that 2012 provided and established a dedicated Paralympic Legacy Advisory Group to take this legacy forward (Department for Culture, Media & Sport, 2013a). Inspired by the Paralympic Legacy Advisory Group, the Built Environment Professional Education Project (BEPE) was launched in December 2013 to stimulate a change in the education and training of architects, designers, planners, surveyors and other built environment professionals (BEPE, 2014a). The project's key aims were to make inclusive design a key part of education and training for all built environment professionals, and to ensure that buildings, places and spaces are designed to include disabled and older people by entrenching inclusive design education into qualifications for architects, planners, surveyors, engineers and facilities managers by 2018 (BEPE, 2014a). The Built Environment Professional Education Project was one of a series of initiatives led by the Department for Culture, Media & Sport (DCMS) to bring together legacy projects following the 2012 Games.

It was intended that the Built Environment Professional Education (BEPE) Project would help to ensure that it was easy for educators and students to teach and learn about inclusive design. Thus, in practical terms, the main focus of the project was to (i) persuade professional institutions to incorporate inclusive design into their professional standards and accreditation criteria; and, (ii) embed inclusive design principles and processes throughout built environment education and training (BEPE, 2015). In terms of providing inclusive design resources and educational material, the intention was for students and existing professionals to be able to access relevant information about inclusive design, through utilising the Design Council CABE Inclusive Design Hub. A team within the Hub were tasked with developing a freely

available online course about inclusive environments that will serve as an introduction to the topic, highlighting best practice and raising awareness of the issues (BEPE, 2015). By making inclusive design a requirement of the core curriculum of built environment education, and in assessments of professional competence, the project's aim was to give built environment professionals the knowledge, skills and attitude to implement schemes that deliver inclusion. Julie Fleck, project lead, recognised that some good practice did exist, but stated that the time spent teaching inclusive design principles is often limited. She argued that "it is common for most architecture and engineering students to spend very little time studying inclusive design. In some courses it is optional, in others non-existent" (Fleck, 2014).

The long-term plan for the BEPE project was that all built environment professionals would be equipped from the outset of their education with:

1. A thorough knowledge of best practice technical access standards and relevant legislation;
2. The skills and ability to apply the principles of inclusive design to their projects; and
3. An understanding of how disabled and older people and families with small children experience and use all aspects of the built environment (BEPE, 2014a).

Fleck stated that this could only be achieved if inclusive design forms a key part of education and training for all built environment professionals. Fleck's view concurs with Inalhan (2012), discussed earlier, that inclusive design is often treated as an appendage to the curriculum. Good quality inclusive design education would lead to good design, better buildings and ultimately an environment that excluded no one (Design Council, 2014b). If successful, the project would demonstrate that by working with the key built environment professional institutions, accessible and inclusive communities can be delivered. Both would constitute a meaningful and lasting legacy to the 2012 Olympic and Paralympic Games. Fleck, who in her previous role was Greater London Authority's Paralympic Adviser in 2012, pointed to the design of the Olympic Park as an example of what is possible when inclusive design principles are core to a project from the beginning (Olympic Delivery Authority, 2007). Fleck says that embedding inclusive design principles from the outset made movement around the site easier for everyone, as can be seen in Figure 4.6 (Design Council, 2015).

Figure 4.6 The Olympic Park: Inclusive design principles were key from the outset (Design Council, 2015)

In March 2017, the Construction Industry Council (CIC) launched their 'Essential Principles Guide' for Built Environment Professionals on creating an accessible and inclusive environment. The guide is one of the initiatives to emerge from the Built Environment Professional Education Project (BEPE) that has generated a change in how inclusive design skills are taught in the UK (Construction Industry Council, 2017). As part of this initiative, all built environment professionals will receive mandatory, quality teaching about inclusive design to assist them in meeting their professional obligations with regard to achieving inclusion. The guide contains six essential principles for achieving an inclusive environment, as follows:

1. Contribute to building an inclusive society now and in the future;
2. Apply professional and responsible judgement and take a leadership role;
3. Apply and integrate the principles of inclusive design from the outset of a project;
4. Do more than just comply with legislation and codes;
5. Seek multiple views to solve accessibility and inclusivity challenges; and
6. Acquire the skills, knowledge, understanding and confidence to make inclusion the norm not the exception (Construction Industry Council, 2017, p.2)

Another part of the lasting legacy of the 2012 Olympic and Paralympic Games is that the commitment to inclusive design improves access and opens up new opportunities for disabled people. Yet pointedly, for many disabled people who would like to be involved in sport, there are still huge barriers to inclusion. The main issue, highlighted by a nationwide sports club survey conducted by the Sport and Recreation Alliance, is a lack of accessible facilities. The Sports Club Survey is carried out every two years and the 2013 results showed that only 32% of sports clubs in Britain were accessible to disabled people, while only 8% of volunteers and staff have received training in making their sport more inclusive (Sport and Recreation Alliance, 2015). The Sport and Recreation Alliance expressed concern at the fact that only three in ten sports clubs were offering facilities to disabled people after the 2012 Paralympics and concluded that, in the context of disability sport, for many disabled people the 'legacy' effect had yet to filter through.

A House of Lords Select Committee on the 2012 Olympic and Paralympic Legacy noted that disabled people were unlikely to participate in sport if they were unable to access the available facilities in clubs (House of Lords, 2013). This was evident from the Sports Club Survey, which showed that 89% of sports clubs saw no change in the number of disabled people taking up sport after the London Games (Sport and Recreation Alliance, 2015). Figures from the Sport and Recreation Alliance (2015) report highlighted that only 17% of disabled adults regularly take part in sport compared to 39% of non-disabled adults, although this had increased from 15% in 2005/06 when London won the bid to host the 2012 Olympic and Paralympic Games.

So, whilst disabled people could be inspired by the 2012 Games and the outstanding success of the Paralympian athletes, there remained little opportunity for them to participate in organised sporting activity. Following the poor sport participation figures released in June 2015, the UK Minister for Sport, Tracey Crouch announced a consultation on a new wide-ranging government strategy for sport. The Department for Culture, Media and Sport (DCMS) publication*, 'A New Strategy for Sport: Consultation Paper'* (DCMS, 2015a) was published in August 2015. The section on disabled people states that around 225,000 more disabled people were playing sport once a week in 2014, compared to 2005, but admits that the numbers are still disappointingly low. "There are challenges associated with increasing the number of

disabled people doing sport and physical activity, but we need to narrow the gap" (DCMS, 2015a, p.43). The DCMS also announced that Sport England was investing £150m in disability sport and that there were specific targets to increase the participation of disabled people in forty-two sports.

The English Federation of Disability Sport agrees that disabled people need to be encouraged to participate in sport and launched a toolkit, the 'Inclusion Club Hub' to offer advice to sports clubs on making their facilities more accessible. The Federation recommended engaging with local disability groups and disabled people to gain a greater insight on participants' access needs, and lists several good practice examples (English Federation of Disability Sport, 2014). Likewise, the Ignite Programme, which forms part of Access Sport's wider Legacy Programme, acknowledged that far fewer disabled people take part in sport than non-disabled people, particularly in disadvantaged areas (Access Sport, 2015). The programme recognised the additional psychological, logistical and physical barriers to participation for disabled people and aims to provide long term solutions to overcome these barriers.

Disabled people also face obstacles which can prevent them from accessing live sporting events and the UK Government's Office for Disability Issues (ODI) figures show that disabled people in Britain remain significantly less likely to participate in cultural, leisure and sporting activities than non-disabled people. The ODI (2014b) figures show that a third of disabled people experience difficulties, related to their impairment or disability, in accessing goods or services including attending sporting events. The most commonly-reported impairments are those that affect mobility, lifting or carrying, and over 1% of the British population uses a wheelchair permanently or frequently (ODI, 2014b). This figure is likely to increase in an ageing UK population as prevalence of disability rises with age. Designers need to adhere to inclusive design principles when building or renovating sporting venues to encompass the needs of an increasingly ageing community. Since the implementation of the Equality Act in 2010 and DDA legislation dating back to 1995, it has been illegal for service providers to treat disabled people less favourably than other customers and football clubs are aware that they need to provide equal and inclusive facilities and services for disabled fans, but to what extent this has been achieved will be examined in the next section.

4.5 The accessibility of spectator sports in England

To ensure that there is a lasting positive effect from the London 2012 Olympic and Paralympic Games, disabled people require accessible sports venues and facilities. Chris Holmes, Chair of the EHRC's Disability Committee in 2015 recognised that there are huge benefits from being a spectator at sporting events and that it has an important role in "social interaction and inclusion and can help build skills and self-confidence which can enable people to succeed in other areas of life" (Holmes, 2015). However, Holmes claims that there remains a significant inequality of opportunity in the major national sports such as rugby, cricket and football. Watching football in particular is an integral part of English national culture and tradition and spectators at these events report the huge enjoyment they gain from sharing a live match experience alongside fellow fans and with family and friends. In recognition of this, the EHRC (2014) launched an initiative to improve access to stadia for disabled people.

The charity Level Playing Field (LPF) acts as a campaigning and advisory organisation to ensure that football and other live sporting events are inclusive and welcoming to all fans in England and Wales. In 2014, Level Playing Field reported that there was a severe shortage of accessible viewing areas for wheelchair users in many football stadia and that much of the disabled football fans seating for wheelchair users was pitch-side, where there is no shelter from inclement weather or the ball. Pitch-side seating provided wheelchair users with sightlines that were often obstructed by match day officials and photographers, as shown in Figure 4.7 (Level Playing Field, 2016a).

Figure 4.7   Pitch-side seating, where sightlines are often obstructed
(Level Playing Field, 2016a)

Significantly, "out of 92 professional football clubs in Britain, only 14 provided the minimum recommended number of wheelchair user spaces" (BBC, 2014c) and many offered only very few spaces for away team fans who are wheelchair users (BBC, 2014c). Furthermore, wheelchair users are rarely offered a choice as to where they are located within the stadium, and at several stadia away fans who are wheelchair users have to sit with home fans at football matches. Hospitality areas are frequently inaccessible to wheelchair users; there is a disparity between ticketing policies for disabled and non-disabled football fans (LPF, 2014a) and a lack of accessible toilet facilities for wheelchair users at many stadia, as shown in Figure 4.8 (Level Playing Field, 2016b).
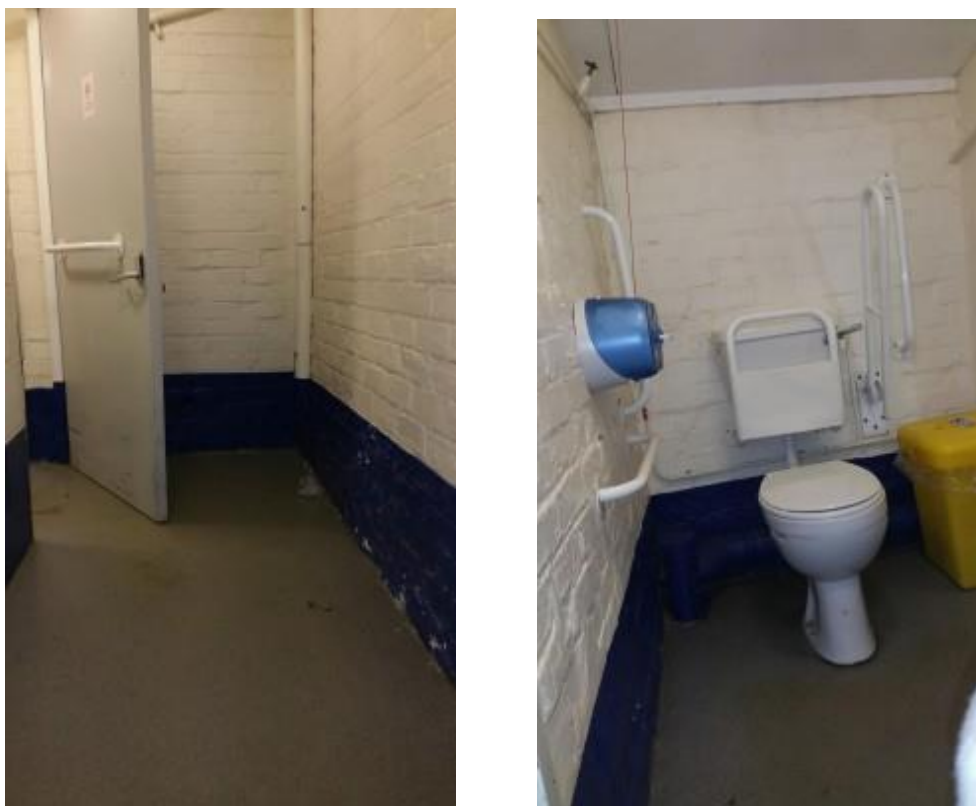
Figure 4.8   Inaccessible toilet facilities for wheelchair users at football stadia
(Level Playing Field, 2016b)

The findings of Level Playing Field were supported by a BBC report in 2014, 'Is the Premier League failing disabled fans?' which highlighted the lack of facilities for supporters who were wheelchair users at many Premier League football clubs. The report included a league table of facilities which showed that only three clubs met the recommended minimum standard (BBC, 2014a). This was followed by a debate in the

House of Lords on the 2012 Olympic and Paralympic Legacy where the subject of urgent changes and access for disabled supporters was raised (LPF, 2014a).

One of the issues that was considered but was not investigated was who signs off such poor provision, but this is difficult to ascertain as it is relative to when the developments were undertaken. In more general terms it would be Building Control's responsibility to sign off new designs for developments, but potentially there may be great pressure to (i) get the facility up and running as soon as possible and (ii) having to check many other building regulatory issues. There is also the issue of private versus public Building Control officers. The Centre for Accessible Environments (CAE) argue that the competition between private and public building control bodies has resulted in no single overseeing body with the capacity to make changes where necessary. They use the example of a building which is completed and signed off by an approved inspector, but which is not in line with the Approved Document. Subsequently, a local resident complains about poor access to the Local Authority, but "as a private inspector has assessed this building as meeting the Building Regulations, the Local Authority has no power to make the building owner make changes or improve the access in line with the Approved Document" (CAE, 2016, p.8). It is acknowledged therefore that this is a failure in the wider system and maybe a contributor to the continued poor design of the built environment and an area requiring further research.

In 2014 Mark Harper, the Minister of State for Disabled People, wrote to professional football clubs about the lack of wheelchair user places and reminded clubs of their legal obligations to provide adjustments for disabled fans. In response, one club (unnamed) wrote back to express surprise that the number of disabled supporters attending a match would equate to 20% of the overall number of supporters. The UK Government was keen to point out that 20% is approximately the same as the proportion of disabled people in the general population (ODI & DCMS, 2015) and stressed the need for Britain's football leagues to take urgent action to redress some of the inequitable facilities and practices faced by disabled supporters.

4.5.1 Inaccessible stadia provision?

Having described the situation at football grounds as "unacceptable", the UK Government launched a survey to establish a comprehensive summary of disabled access at sports stadia in Britain (HM Government, 2015b). Disabled fans of all sports were asked for their opinions on access to services and facilities at stadia, including wheelchair access, disabled parking, accessible toilets and treatment by other supporters at live sporting fixtures. The findings were published in the 'Inclusive and Accessible Stadia' report in September 2015, by the Office for Disability Issues (ODI) and the Department for Culture, Media and Sport (DCMS). The study was based on an online survey that took place between December 2014 and February 2015 to collect information about the service disabled spectators receive when they attend a sporting event (ODI & DCMS, 2015). The responses from the disabled spectators were grouped into several categories that were reflected in the sections of the main findings: Planning attendance; buying a ticket; travelling to and from a sporting event; overall experience; and, aids and adaptions (ODI & DCMS, 2015). The report has significance for this research in that it provides a better understanding of the needs of disabled people around attending spectator sports and the changes that can be made to ensure that sports stadia become more accessible. As such, it is a useful summary, although it is important to note that it covers all disability categories and several sports. Significantly, 'mobility impairment' was the most frequently mentioned category of disabled spectator accounting for 67% of respondents and football was mentioned more frequently than any other sport at 76% (ODI, 2015). The report concluded that disabled spectators faced significant barriers when trying to attend sporting events.

The ODI & DCMS 2015 survey results demonstrated that disabled sports fans found facilities at sports stadia inadequate or inappropriate for them, and that these failures included Premier League football clubs. "Detailed best practice guidance exists at both national and European level, but some clubs seem content to do the minimum legally required, without considering whether access is really adequate" (Culture, Media and Sport Committee, 2016, p.7). Following on from this, the Culture, Media & Sport Accessibility of Sports Grounds Select Committee was established by the UK Government. The Select Committee inquiry examined the issue of accessibility at sports stadia, in relation to the full range of sports and invited written submissions on the subject, either personal experiences or general views and concerns (Culture,

Media and Sport Committee, 2016). In May 2016, Level Playing Field (LPF) provided evidence for the Culture, Media & Sport Accessibility of Sports Grounds inquiry into the accessibility of sports stadia (LPF, 2016e).

Following the publication of the ODI & DCMS report, (2015), the UK Government recognised that experiencing live sport, particularly when supporting a specific team, could have a positive effect on the lives of disabled people and included this in 'Sporting Future: A New Strategy for an Active Nation' (HM Government, 2015d). Significantly, the strategy acknowledged that live sport should to be accessible to everyone and the expectation was that clubs would take action to fulfil this legal obligation. To assist in this process, the UK Government would "enable the Sports Grounds Safety Authority (SGSA) to take on a more formal role in helping sport grounds reach the required standards for accessibility" (HM Government, 2015d, p.40). Furthermore, as the most popular spectator sport in the country, football was expected to set an example and actively demonstrate how access for disabled supporters could be integrated into stadia. The UK Government cautiously welcomed the statement by the Premier League that all its clubs would meet the minimum standards set out in the Accessible Stadia Guide by 2017. However, the Government would continue to "work with the football authorities to ensure that all clubs meet their legal obligations under the Equality Act 2010 to provide reasonable adjustments to accommodate disabled spectators attending matches" (HM Government, 2015d, p.40).

In response to the growing pressure, in September 2015 the FA Premier League gave an undertaking that all its clubs would comply with the accessible stadia guidelines by August 2017 and whilst the Committee welcomed this, it had concerns about how the Government would verify any progress made. The House of Lords Select Committee concluded with two recommendations stating that:

1. The Government include provisions similar to those of the Accessible Sports Grounds Bill in a Government Bill; and
2. Ministers report regularly to Parliament on the progress made (a) by the Premier League and by the Football League, and (b) on comparable action by the operators of other large stadia (House of Lords, 2016).

In March 2016, the House of Lords' Select Committee on the Equality Act and Disability published a report, 'The Equality Act 2010: The impact on disabled people', which questioned the effectiveness of the Act in combating disability discrimination. The results of their consultation revealed that disabled people felt that a dedicated Disability Discrimination Act and a single Disability Rights Commission, worked better for disabled people than a single Equality Act. After reviewing the evidence from disabled people and disabled peoples' organisations, one of the findings was that inaccessible leisure facilities deny disabled people the opportunity to participate equally in society (House of Lords, 2016). The Committee considered written evidence from the charity Level Playing Field on the provision of disabled access facilities at Britain's sports grounds and questioned the Minister for Disabled People at the time, Justin Tomlinson MP. Tomlinson (2016) was of the opinion that most football clubs in England were lacking in provision and said it was unacceptable that supporters who were wheelchair users were often separated from their fan base and located with the fans from the opposing team (House of Lords, 2016).

Significantly, the written evidence submitted by the charity Level Playing Field stated that the Equality Act 2010 had proved ineffective in improving accessibility and inclusion for disabled supporters and that they had not seen any clear benefits from the original legislation, the Disability Discrimination Act (House of Lords, 2016). Level Playing Field noted that service providers, and their governing bodies appeared to have moved their focus from accessibility towards other equality aspects and that some may even consider that their progress in other strands of equality somehow negate their responsibilities for providing adequate disability access. Level Playing Field argued the case for further legislation to address the discriminatory services and facilities offered by many clubs and venues and submitted further evidence to demonstrate how ineffective the Equality Act had been with regards to providing access adjustments and removing the barriers that exist in sports stadia (House of Lords, 2016).

In September 2016, Muscular Dystrophy UK published the Trailblazers' *Move the Goal Posts* report into access to sports venues for young people. Trailblazers are a group of disabled campaigners from across the UK who tackle the social issues affecting young disabled people. In 2016, Trailblazers surveyed more than 100 young disabled

people to find out their views on accessing spectator sports and their investigation revealed that sports venues were failing in their legal duty to disabled people (Trailblazers, 2016). Over a quarter of young people stated that physical access into venues, including parking, was the primary reason why they did not attend live sporting events (Trailblazers, 2016). Following this, members of Trailblazers attended the All Party Parliamentary Group (APPG) for Young Disabled People. The Inquiry was to draw attention to the challenges experienced by young disabled people when accessing sports venues and Trailblazers were invited to share their experience and knowledge with panellists. Members highlighted the key findings from their investigation:

- 85% of those surveyed agreed that disabled people are at a substantial disadvantage over non-disabled people when booking tickets to sporting events;

- More than half of those surveyed reported having to sit in an unsheltered seating area at a sporting event; and

- More than half of those surveyed said that attending events in groups was the most difficult part of accessing live sporting events (Trailblazers, 2016, p.5).

4.5.2 Delivering on the 'Accessibility Pledge'

As previously stated, in September 2015 the Premier League promised to improve stadium facilities for disabled fans, stating that clubs would comply with official guidance (Accessible Stadia Guide minimum standards) by August 2017. This was seen by disabled spectators and campaigners as the Premier League's 'Accessibility Pledge'. However, by the end of 2016, there were growing concerns that several Premier League clubs would not meet this obligation. Watford Football Club announced in December 2016 that they would fail to fulfil the pledge on wheelchair spaces, claiming that all known demand from disabled supporters had been met. The club suggested that it had consulted with its own disabled supporters and was going to implement a staged increase in the number of wheelchair user spaces based on current demand (LPF, 2017b). Chelsea Football Club reported that they were also unlikely to meet the pledge, but stated that they had plans to demolish their Stamford Bridge stadium and expected to meet the guidelines when the ground was rebuilt. Manchester United stated that they would reduce the capacity of their Old Trafford stadium by 2,400 to meet minimum standards for disabled fans, but that this would

happen over a three-year timescale, meaning they would also break the collective Premier League pledge to have the changes fully operational by August 2017.

In January 2017 the House of Commons Select Committee on Culture Media and Sport published a report which stated that sports clubs, notably many of those with very considerable income and resources, had not done enough to meet the needs of disabled sports fans (HM Government, 2017). The report highlighted many of the physical and attitudinal barriers that were still being faced by disabled sports fans. The report praised the work being done by a number of football clubs in meeting the accessibility pledge, along with rugby league, rugby union and county cricket clubs who were all taking action to make stadia more inclusive to disabled sports fans. However, the Committee considered it completely unacceptable that a number of Premier League football clubs, some of the wealthiest organisations in the UK (Wilson, 2017), had failed to carry out even basic adaptations in over twenty years. The Committee said they would support any legal proceedings started by the Equality and Human Rights Commission (EHRC) against clubs that miss the August 2017 deadline. Level Playing Field (LPF) welcomed the Accessibility of Sports Stadia report claiming that it validated many of the charity's campaign issues. Tony Taylor, Chair of Level Playing Field said "This hard hitting report confirms what we as an organisation have been saying for many years - that all too often, disabled sports fans have an inequality of match day experience" (LPF, 2017a). Providing disabled spectators with an inclusive experience was fundamental to equality and, according to LPF, attending a football match or other sporting event substantially enriches the lives of disabled people.

In April 2017, the Equality and Human Rights Commission (EHRC) published a report "The state of play – How accessible is your club?" and referred to the limited progress made by Premier League clubs in complying with accessible stadia standards by August 2017. Premier League clubs set their own deadline of August 2017 to meet minimum standards set out in the Accessible Stadia guide, although not all clubs would make the necessary changes by this time, according to the Premier League (Premier League, 2017). The EHRC warned Premier League clubs that they would face formal investigations and legal action if they did not urgently address the lack of progress on improving access for disabled spectators. The report followed a study by

the EHRC, which required clubs to answer a series of key questions regarding their provision for disabled spectators. The EHRC confirmed that the clubs who were still failing to meet the minimum requirements could face a legal investigation unless they were able to provide a clear action plan and timetable for improvement by September 2017 (EHRC, 2017). The review by the EHRC revealed that many Premier League clubs had not made adequate progress in bringing their stadia up to the most basic minimum standards required by law for disabled spectators. The EHRC reported that the majority of Premier League clubs were still not providing the minimum recommended number of spaces for wheelchair users, in accordance with Accessible Stadia guidance (EHRC, 2017). The EHRC survey also found that just seven out of the twenty clubs were providing a 'Changing Places' toilet facility and that seven clubs were not meeting the Premier League's own requirement to publish a disability access statement to provide key information for visiting fans.

The charity Level Playing Field (LPF) supported the EHRC's position stating that the minimum standards had been in place since 2004 and therefore there was no excuse for clubs to fail to meet these basic criteria (LPF, 2017b). The EHRC said they would meet with football clubs who were designing new grounds or stands to ensure that they moved beyond providing the minimum, but aspired to providing a first class experience for disabled spectators (EHRC, 2017). Significantly, in order to understand the experiences and views of disabled supporters, the EHRC announced that it would be calling for evidence at the end of the 2016/17 football season and speaking to disabled supporters' groups to ascertain:

- Which clubs are getting it right for their fans and which clubs are getting it wrong;
- The experience of disabled fans travelling to away games;
- What clubs have done in the 2016/17 season to improve disabled fans' experiences; and
- The experience of disabled fans buying match tickets (EHRC, 2017, p9-10)

Looking forward, UK football stadia will host some of 2020 European Football Championships (Wembley Stadium in England will host the final and semi-finals), despite the issues regarding stadia accessibility at football clubs that continue to be raised. In terms of the delivery of accessible sports stadia in England, there may be

significant changes and improvements made prior to England hosting the European Championships. However, it is the accessibility of football throughout England outside of key sporting events that is the critical factor for disabled spectators. The shortcomings in the design of football stadia, even at the highest level in the sport, that is the Premier League, have led many to argue that disabled spectators' needs are still being overlooked. As Lord Holmes stated "Whether it is access to tickets, spaces for wheelchairs or the views of disabled supporters – the beautiful game can be an ugly experience for some" (Holmes, 2015).

In the UK, provisions in the Equality Act (2010) require providers of services to the public, such as those in a sports stadium, to make a 'reasonable adjustment' so that disabled people are not placed at a "substantial disadvantage" compared to non-disabled people. The reasonable adjustment duty that applies to service providers under the 2010 Act is an anticipatory duty because it is owed to disabled people in general (HM Government, 2010a). This means that service providers are expected to anticipate the requirements of disabled customers and the adjustments that may have to be made for them, so that disabled people can access the service or facility in question. In the case of a sports stadium, this could, among other things, require access for wheelchair users to an adequate viewing platform. The reasonable adjustment duty has existed since the 1995 Disability Discrimination Act (DDA). A stadium that has been built or substantially redeveloped since that date is obliged to make an adjustment because there would be a strong argument that they should have anticipated that a proportion of supporters, whether home or visiting fans, will be disabled. But this does not mean that older sports stadia are exempt from taking action and disabled supporters are entitled to ask service providers at older stadia to provide a reasonable adjustment. It can reasonably be argued, therefore that designers and management, when building or renovating stadia, should go beyond minimum provision in order to embrace the needs of a widely diverse and ageing population in England. But, particularly for older stadia, this may present both constraints and opportunities; these constraints and opportunities will be examined further in the next two sections.

4.5.3 Constraints: Managing competing demands in stadia

In 'Stadia: The Populous Design and Development Guide', Geraint, Sheard & Vickery (2013) identify that the management of sports stadia can be constrained by financial factors, legislation, local planning issues and changing demands. They point out that modern stadia have evolved to include commercial, hospitality, leisure and retail undertakings, and can also perform a variety of functions within their community. The operation of large buildings can have extreme direct and indirect impacts on the environment and the main objective of sustainable design and management is to operate built environments that are accessible, secure, healthy and productive, whilst minimising the negative impacts on the environment. Stadia management needs to follow the strictest health, safety and environmental standards, demonstrating that both the health & safety of employees, customers and the public is a top priority, but also that the environmental performance meets all existing requirements (Geraint et al., 2013). Whilst there may be competing demands to manage, for sports stadia in England the existing compliance underlines (i) health and safety; and (ii) environmental sustainability as two major priorities.

Geraint et al. (2013) stress that the primary consideration in stadia management must be the safety and security of the large numbers of people who visit the stadium. For English stadia, the 2008 *Guide to Safety at Sports Grounds* (also known as the *Green Guide*) provides detailed advice on safety measures needed at new and existing sports grounds relating to entrances and exits, structure, stands and buildings, stairways and ramps, terraces, crash barriers and handrails, and perimeter walls and fences. The guide states that "Safety at sports grounds is achieved by establishing a balance between good management and good design" (SGSA, 2008, p.14) and places the responsibility for the safety of spectators with sports ground management. The guide advises that effective safety management requires a coordinated approach between representatives of the Local Authority, police, fire, ambulance and ground management. In their 2009 publication 'Safety Certification of Sports Grounds', the Sports Ground Safety Authority (SGSA) affirms that safety management procedures need to comply with the Safety of Sports Ground Act 1975 (as amended) and the Fire & Safety at Places of Sport Act 1987. The SGSA (2009) also recommends that clubs produce a safety operating manual to comply with the requirements of the safety certificate.

Sports stadia with a spectator capacity of more than 10,000 people (5,000 for Premiership or Football League grounds) are designated by the UK Government and must be certified under the Safety at Sports Grounds Act 1975. This Act defines a sports ground as *"a place where sports or other competitive activities take place in the open air, and where accommodation has been provided for spectators"* (HM Government, 1975, p.12)*.* The safety certificate sets out (i) the permitted capacity for the sports ground, and (ii) detailed terms and conditions that the ground management must comply with in order to operate the sports ground at its permitted capacity (HM Government, 1975). The Act was extended in 1991, following the publication of the 1989 Football Spectators Act. Within England and Wales, it is the duty of the Local Authority to issue and enforce the safety certificate, including periodical inspection of designated sports grounds (HM Government, 1991). However, as football becomes increasingly more international, further safety regulations are applicable. For English football clubs who compete in Europe, the 2006 Union of European Football Associations (UEFA) Safety and Security Regulations apply whenever the club hosts "a competition to be played under the auspices of UEFA" (UEFA, 2006, p.4). These requirements specify the organisational measures required in order to ensure safety and security in and around the stadium before, during and after every match in the competition concerned.

In England, another principal issue for stadium management is demonstrating a commitment to the sustainable development and operation of the building. The UK is aiming to meet the European Union target that 15% of energy comes from renewable sources by 2020 and organisations are under pressure from governments, regulators and consumers to pay more attention to environmental issues (UK Green Building Council, 2012). The Royal Institute of British Architects (RIBA) claims that "Responding in part to the influence of European legislation, primarily the Energy Performance in Buildings Directives 2002, UK Building Regulations legislation has introduced measures and controls" (RIBA, 2012, p.6). Pressures to develop buildings using less materials and embedding efficiency within the structure are increasingly stressed by government, building owners and the public, making sustainability a key priority (Green Building Bible, 2008). The ever 'greener' market and challenging economic, regulatory and environmental issues need to be addressed in terms of

building waste, resource use, carbon and energy management and the supply chain (RIBA, 2012). The Green Building Bible (2008) points out that efficient and innovative design and management of buildings reduces construction and facilities' management costs and can also provide a competitive edge. The UK Green Building Council (2014) concurs and argues that the move towards sustainability can offer opportunities for innovative and unique development with cheaper operational costs. However, how much of this is achievable in older English stadia is not clear and therefore open to debate. It is difficult to quantify how much inclusive principles might be secondary to sustainable principles that focus primarily on energy use and not inclusion of people. Arguably inclusive principles are part of social sustainability or vice versa, however, of the three different pillars of sustainability the social element has been harder to quantify and therefore less tangible to government.

There is limited research regarding the competing demands within English football stadia and whether any tensions exist between ensuring the inclusion of disabled spectators and complying with sports stadium safety requirements, or with sustainability targets. Whilst the demands of safety and sustainability need to be accounted for in the management and development of stadia, Geraint et al. (2013) maintain that understanding the spectators and ensuring that their needs are met remains an essential component. Whilst all businesses have to be customer-focused, this is particularly the case within the leisure industry where the customer experience is a significant factor in creating revenue-generation opportunities. Therefore the key driver for operating a commercially successful stadium is to provide a good customer experience. The most obvious area of income generation is selling seats to spectators and it is in the interest of stadium owners and management to encourage any potential spectators to visit, have a pleasant experience and return again in the future. Geraint et al. (2013, pp. 22-23) state that "any facility which attracts a wide cross-section of spectator, and keeps them entertained for longer, should eventually reap financial rewards. It is through a policy of inclusion that the spectators of tomorrow will be created".

Under the UK definition of disability, around a fifth of the people using sports stadia are defined as disabled and therefore must be fully catered for in both stadium design and management (Geraint et al., 2013). The Business Disability Forum, (2015)

contends that disabled people are more loyal to companies that provide good customer service than non-disabled people. In 'Making the case for inclusive and accessible communities', the Department for Work and Pensions (DWP) and the Office for Disability Issues (ODI), (DWP & ODI, 2014) identified that disabled people were likely to generate both increased customers and profit for businesses that provide an inclusive experience. Additionally, disabled people's consumer experiences have a big impact on consumer choices of carers, family members and friends (ODI, 2010) leading the Business Disability Forum (2015) to describe disabled people as 'key influencers' of other potential customers who are making decisions regarding which services and facilities to use.

Stadium operation and management is a commercial venture and it is the responsibility of stadium owners to ensure that the services and facilities offered at the venue continue to be financially viable. The business operating costs of maintenance, cleaning, lighting, security and staffing can be considerable at any stadium, but are essential to providing a venue that is safe, efficient and welcoming to all. However, as Geraint et al. (2013) highlight, very few stadia achieve profitability through revenue generated by sporting functions alone (that is, gate income) and non-sporting market income must be exploited in order to reduce any potential shortfall. Other significant sources of funding can come from sponsorship, advertising, concession stands (such as food, beverages and merchandise), broadcasting rights and betting revenue (Geraint et al., 2013). As the Football Supporters' Federation (FSF) argue, in football, a loyal supporter base and a stadium full of spectators is critically important to maximising profits from these revenue streams (FSF, 2013). A loyal fan base and thousands of spectators coming together in football stadia across the country every week to watch the games is therefore important to football clubs (Tapp, 2004). Loyal supporters attend football fixtures held at their home stadium, travel to away games of their team, consume media and buy club merchandise. This is given meaning by the long-lasting relationship they have with their football team, but also from other ties that affect their identification with their team, in particular their relationship with fellow fans (Nash, 2000; Tapp, 2004). Football spectatorship is perhaps one of the great phenomena in terms of attraction to people of every age, gender and nationality and being a loyal fan of a football team is undoubtedly a highly meaningful activity for supporters. So whilst it is accepted that stadium designers, owners and management

will face competing demands in the development and operation of stadia, the provision of an inclusive environment can offer new opportunities and the potential for increased profitability.

4.5.4 Opportunities: The significance of the 'purple pound'

As previously discussed, the Accessible Stadia Guide (SGSA, 2004a) was an important document in establishing the key information required when designing and providing for disabled spectators, but as it states in the introduction to the document, it was "an advisory document and not intended to be prescriptive", (SGSA, 2004a, p.V). Furthermore, although the Accessible Stadia Guide (SGSA, 2004a) clearly sets out minimum standards that all new stadia (and stadia undergoing extensions or material alterations) should meet in the provision, location and quality of facilities for disabled spectators, it should be remembered that minimum standards, by definition, usually only provide for minimum access. Inclusive planning for the whole community means going beyond the minimum and future-proofing. Additionally, the 2010 Equality Act provides for an evolving and anticipatory duty (HM Government, 2010a) and a regular review of facilities and services is an important requirement. Therefore, it may reasonably be argued that old stadia should not be exempt and service providers must continually make reasonable adjustments to ensure that they are providing inclusive services and facilities.

In England, designers, architects and service providers are aware of disability rights and equality legislation, in addition to accessible design guidance such as BS8300: 2009, 'Design of buildings and their approaches to meet the needs of disabled people – code of practice' (BSI, 2009). There is a legal duty for service providers to provide for disabled people so that they are not excluded from participation in the social and leisure experiences that non-disabled people take for granted. Geraint et al. (2013, p.119) state "It is now accepted in most developed countries that disabled people should be able to participate in sports events". The focus of the disability agenda has been on equality, but there is another argument that can be made for greater inclusion in addition to the legal and social; that is, it makes good business sense for stadia to be accessible.

According to a survey of the opinions and shopping habits of disabled customers by the UK Business Disability Forum, 83% of disabled people had 'walked away' from making a purchase, because they were unable or unwilling to do so (Business Disability Forum, 2006). The survey demonstrated that disabled consumers were well informed and would routinely reward good customer service, yet penalise providers who did not make any effort to meet their needs. The Business Disability Forum (2006) reported that the most important factor that discouraged disabled consumers from spending was inaccessible premises. Two thirds of disabled people stated that they specifically chose businesses where they received good customer service related to their disability.   In the Office for Disability Issues (ODI) 2010 report, 'The Case for the Disabled Customer', the economic and business arguments for focusing on the disabled customer were set out. It emphasised the size of the UK market opportunity and business benefits of providing better accessibility, which was summarised as follows:

- Disabled consumers are a significant but poorly addressed market worth £80 billion p.a.;
- For an average business, disabled customers may account for up to 20% of the customer base;
- The risk of losing business to a more accessible competitor is high as consumer experiences of disabled people affect the choices of their family and friends; and
- Business benefits associated with better accessibility include a rapidly expanding customer base, increases in revenue and profit and a distinct competitive advantage (ODI, 2010, p.6)

However, the opportunity for competitive advantage is not necessarily applicable to disabled football supporters, as loyalty to a particular club (Nash, 2000) means that they are unlikely to start supporting a football team that has a more accessible stadium. In football, the process of becoming a 'fan' is a complex one involving facets linked to the team, regional and cultural influences as well as the club and the club's environment (Webster & Clements, 2008). Nevertheless, fans as customers are intensely loyal to their chosen club and once a football fan starts supporting a club, they are likely to remain. Bergkamp described this loyalty as follows "When you start supporting a football club,…you support it because you found yourself somewhere

there; you found a place you completely belong" (Phatak, 2014). As such, the support for a particular team is an emotional decision and not influenced by how accessible the stadia is. As Stewart (2015) argues, for British football fans, allegiance is an integral part of their identity, with some claiming a form of religious affiliation with their club. The support for a football team is often chosen at a young age, when family allegiances are significant (Tapp, 2004). This unique relationship that a loyal fan has with their club places disabled supporters' in a difficult position, whereby their passion for their team is in direct conflict with the dilemma they face in the poor facilities and services offered to them on match days (House of Lords, 2016). This means that disabled fans, particularly those who become disabled in later life, are unlikely to change allegiance and support another team (Nash, 2000).

Barrister Catherine Casserley, an expert in discrimination law, agrees and says that loyalty plays a huge part in disabled fans' reluctance to take legal action in the football-related cases in which she has been involved. She believes that "football clubs are in a privileged position in that they probably rely on the loyalty of their supporters in not bringing claims" (BBC, 2014a). The House of Lords Select Committee Report on The Equality Act 2010 (House of Lords, 2016) found that the Act had not given disabled sports fans equality in access to stadia. The Committee identified that a major failing was that the current legislation relies on an individual taking legal action against institutions which are failing in their duty to comply with the Act. The nature of the relationship between a football fan and his or her own club is often deep-rooted and passionate, and makes it hard for the fan to initiate proceedings (House of Lords, 2016). As a result most disabled supporters are extremely reluctant to challenge their club or to take legal action because of:

1. Their emotional investment in their club;
2. Concerns about the reaction of other fans;
3. Fears of isolation from the club (that they may risk future opportunities to buy match tickets); and
4. Anxieties regarding the financial power and resources of the club (and access to expensive experts or legal team).

But, despite this 'loyalty' factor, football clubs who do not provide services and facilities for disabled supporters risk losing an important revenue stream.

Figures taken from the 2012/13 Family Resources Survey (FRS) highlighted that there are 12.2 million disabled people in the UK, thus businesses could be excluding one in five people by not attracting disabled people (DWP & ODI, 2014). In the 2016 publication, 'Mapping Disability: The Facts', Sport England confirmed that "1 in 5 people in England have a long standing limiting disability or illness" (p.6), that is, 9.4 million people (17.6%) of England's population of 53 million (Sport England, 2016). Research from the Department for Work and Pensions (DWP) indicated that poor accessibility was again responsible for some disabled people not accessing (i) shops, (ii) leisure activities and (iii) pubs and restaurants (DWP, 2014a), whereas accessible premises attract disabled customers and their spending money, as shown in Figure 4.9 (Lupton, 2015a).

Figure 4.9   Do we take disabled money? (Lupton, 2015a)

Significantly, the UK Government, along with campaigners and charities began referring to the spending power of disabled people as the 'purple pound'. The spending power of older people is usually referred to as the grey (or silver) pound and the purchasing habits of the LGBT community are known as the pink pound (SPECTRUM, 2017). The symbolic significance of the colour purple is believed to have begun with the protest movement against benefit cuts in 2010. One of the protest blogs, the 'Broken of Britain' blog used purple for its colours and in 2012 the 'Responsible Reform' publication was printed using a purple design (BBC, 2014d). The Department for Work and Pensions adopted the phrase 'purple pound' to promote their 2012 campaign to get small and medium-sized businesses to attract disabled customers

(DWP, 2014a). The UK's 11.9 million disabled people are said to have disposable income collectively worth £80bn; Black and ethnic minority spending power is reported at £300bn; and the consumer power of the LGBT community is £70bn to £81bn (BBC, 2014; SPECTRUM, 2017).

In August 2014, the Department for Work and Pensions (DWP) released a new 'purple pound' figure showing that households with a disabled person have a combined income of £212 billion after housing costs (DWP, 2014a). This commercial argument for the greater inclusion of disabled people was reflected in the 'Purple Pound Report' published by Visit England, which illustrated the increasing value of the accessible tourism market (Visit England, 2015). "Accessible tourism is tourism that can be enjoyed by everyone, including those with access needs. Many people have access needs including disabled people such as those with hearing and visual impairments, wheelchair users, older and less mobile people and people with pushchairs" (Visit England Business Development Unit, 2015, p.3). Visit England hosted a conference in March 2015 called 'Unlocking the Purple Pound' to highlight the strong business case for providing inclusive tourism experiences that address the access needs of disabled people, contending that this sector of the market is worth £12.1bn a year to the English tourism industry. The Visit England research highlighted that:

- In 2014, one in five (20%) of tourism day trips in England were taken by people with an impairment and their travelling companions, spending £9.1billion.
- In 2014, 14% of all overnight trips by British residents in England were taken by those with an impairment and their travelling companions, worth 2.7billion.
- Over half a million people with a health condition or impairment visit England from abroad each year, spending around £341million (Visit England, 2015).

To motivate communities including local businesses, employers, service providers and community groups to do more to be inclusive and accessible, the Department for Work and Pensions (DWP) launched 'The Accessible Britain Challenge' in 2014.The Accessible Britain Challenge set out to encourage service providers to engage and work with disabled people to remove barriers that can prevent them from being full and active participants in their community (DWP, 2014b). To coincide with the launch

of the challenge, the Office for Disability Issues (ODI) created an online resource to highlight good practice for making inclusive and accessible communities.

Across Europe, the European Union's disability strategy aims to eliminate barriers facing disabled people and is promoting a 'design for all' approach to the built environment so that buildings and public spaces are readily usable by as many people as possible and accessible to all (European Disability Forum, 2015). The strategy recognises that inclusively designed and managed built environments are economically attractive, leading the Centre for Access to Football in Europe (CAFÉ) to contend that accessible stadia are more adaptable (with less need for expensive adaptations at a later stage) and have a more sustainable infrastructure. Consequently the accessible facilities and services provided "ensure a more inclusive, equal experience for all members of the local and wider community and earn the club a larger, more representative base" (CAFÉ, 2011, p.9). Hence, creating accessible and inclusive stadia in England can mean that the benefits to the business far outweigh the design and management costs, if the opportunity is embraced.

4.6 Summary

This chapter has evaluated the guidance relating to accessible stadia provision in England, with reference to the design and management of football stadia and how this impacts upon spectators who are wheelchair users. Building regulations in England (BSI, 2009; HM Government 2013a) the Accessible Stadia Guide (Sports Ground Safety Authority (SGSA) 2004a) and the supplementary guidance (SGSA, 2015a), along with Premier League (2009) and Football League (2010) recommendations were assessed in order to establish the standards of accessible design for spectators who are wheelchair users. The review began by examining access to and around the stadium, before moving on to the number, location and viewing quality of wheelchair spaces, and then concluding with facilities management in stadia in terms of support facilities and management and operational issues. This PhD research has emphasised how good design and management of new and existing sports stadia can reduce or remove barriers to access for disabled spectators, specifically wheelchair users.

The chapter appraised the impact of the London 2012 Olympic and Paralympic Games, which were heralded as a turning point in identifying with the disabled end-user and recognised the role played by inclusive environments in eliminating discrimination and promoting equality of opportunity. The London 2012 Games also demonstrated that meaningful provision for disabled spectators extends beyond basic access requirements, towards embedding inclusive design principles from the outset. Whilst there have been some positive signs in terms of an Olympic and Paralympic legacy, such as the Built Environment Professional Education (BEPE) project, whether the 'legacy' element has a positive effect on the everyday experiences of disabled people in England remains far from certain.

A football club is a service provider as defined by the Equality Act 2010 and all service providers have a responsibility under the law to treat their service users fairly (HM Government, 2010a). Yet, as the critical review of the literature has shown, there are considerable issues faced by football spectators who are wheelchair users, which have not been fully addressed. The competing demands faced by stadium management in England were recognised, in balancing health and safety requirements and meeting national sustainability objectives. Finally, it is expected that as stadium-goers become more representative of the wider community, the number of disabled spectators (and their families and friends) will likely increase. Consequently, wheelchair users should be seen as valued customers (CAFÉ, 2011). The evidence relating to the growing significance of the 'purple pound' in England was discussed, demonstrating that ensuring good access in English stadia is not only a moral issue, but also makes good business sense. However, it seems that in many cases, individual disabled fans are either too fearful or too loyal to challenge the current situation and consequently there has been insufficient progress towards accessible football stadia in England.

4.7 Conclusion to the literature review

The literature review for this PhD research began by considering the more prevalent existing models of disability, reflecting upon the two most relevant models for framing our understanding of disability in Britain, the medical (individual) and social models of disability. It revealed how the widespread influence of the British social model led to the development of equality law and disability policies and how it was the driving force

behind the political agenda to remove the environmental, systematic and attitudinal barriers faced by disabled people in England.

Despite this early political progress, the review went on to argue that the experiences of disabled people have not formed a crucial part of the design process in England, and that built environment professionals have been reluctant to consult with diverse groups such as wheelchair users. It presented evidence which showed how design standards have an explicit impact upon wheelchair users and the effect that stadia design and management can have on the social inclusion of wheelchair users. Significantly, the literature review suggested that provision for wheelchair users in English football stadia is inconsistent, and in some cases it has not met the minimum requirements set out in accessible stadia guidance (SGSA, 2004a). The literature review leads the researcher to contend that separate provision has been specified in England, which has not always provided wheelchair users with an accessible built environment in which they can feel included.

This PhD research explores standards of accessible design in football stadia in England with the aim of recommending what changes need to be made to promote the inclusion of spectators who are wheelchair users. With regards to existing research, the researcher has been unable to locate any research with either wheelchair users in English football stadia, or with key stakeholders involved in football commerce or stadia design and management. Hence, this PhD research sets out to investigate what represents meaningful provision for wheelchair users in football stadia and how this can be achieved, by capturing their everyday experiences and by discussing these with key stakeholders. It is intended that this PhD research can inform design and service delivery practices at current stadia in England, and be utilised in future stadia design projects.

Chapter 5: RESEARCH METHODOLOGY

5.1   Introduction

This PhD research is a qualitative study which analyses what represents meaningful provision for wheelchair users in English sports stadia in terms of identifying features that: (i) Can act as barriers to limit access; or (ii) can enhance accessibility and promote inclusion. In previous chapters, the critical literature review examined the influence of the British social model of disability, as demonstrated by the anti-discrimination legislation which mandated that the built environment should be accessible for disabled people, and how this led to the development of building regulations and codes of practice in England. Focussing on wheelchair users, the study then moved on to review the provision of accessible sporting venues in England, with reference to the current accessible stadia guidance and the 'legacy' of the London 2012 Olympic and Paralympic Games.

This chapter provides an overview of the research methodology and the elements that the researcher has considered when designing this PhD research. Crotty (1998) states that methodology is the strategy or plan of action which lies behind the choice and use of a particular method and is concerned with why, what, from where, when and how data is collected and analysed. The research process requires that all researchers engage at some point with philosophical perspectives, the nature of theories and their implication to the overall research approach (Gray, 2009). Section 5.2 examines these philosophical underpinnings and their relevance to this PhD research. Flick (2009) suggests that it is the assumptions created by a research philosophy that provide the justification for the research approach. The research approach adopted for this PhD research is discussed in section 5.3. Following this, section 5.4 explores the data methods employed to achieve the research objectives, whilst the data analysis techniques are considered in section 5.5. The issues encountered with regard to reliability and validity in qualitative research are investigated in section 5.6. Section 5.7 considers the ethical implications and respecting the dignity, rights, safety and wellbeing of the people who take part in the study. Finally, a summary of the chapter is provided in section 5.8.

Research methodology comprises of several interconnected elements that researchers should consider when designing their research. To illustrate how the various research elements are interconnected, the *Nested Model* (Kaglioglou, Cooper, Aouad, Hinks, Sexton & Sheath, 1998) has been developed to assist researchers. In the *Nested Model* (Kaglioglou et al., 1998) there are three elements which constitute research methodology:

1.   Research philosophy

2.   Research approach

3.   Research techniques

The basic principle of the nested model is that the methodology comprises of research philosophies, approaches and techniques, where the selection of the research techniques is based on the selected research approach and the selection of research approach is dependent on the philosophical stance of the research (Kaglioglou et al., 1998), as shown in Figure 5.1. Better understanding of the importance and relation of each component in the research methodology can promote a better flow of the research process. The nested approach, as proposed by Kagioglou et al. (1998) is a useful tool in understanding the assumptions, direction and cohesion of this PhD research.

Research Philosophy

Research Approach
(Experiments, Surveys, Case studies, etc.)

Research Techniques
(Interviews, Questionnaire, Surveys, etc.)
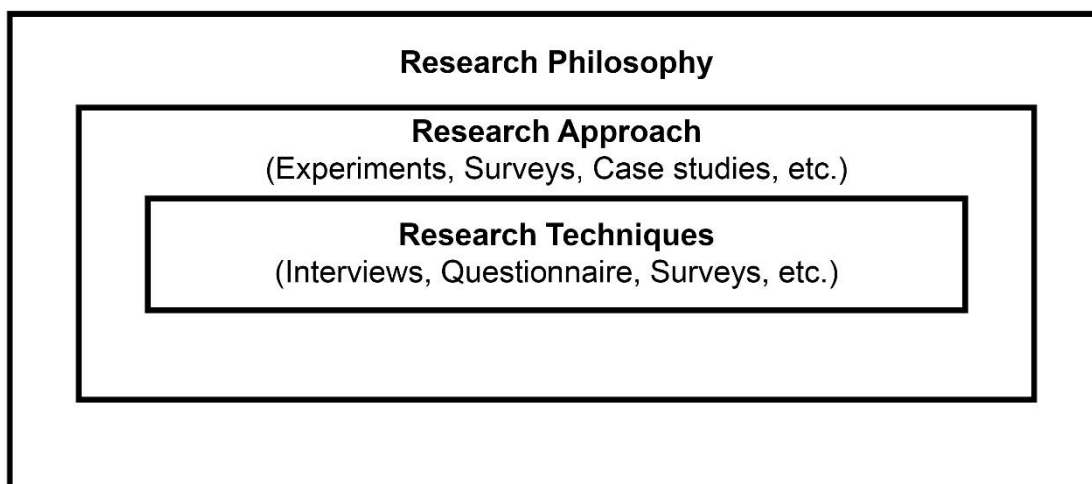
Figure 5.1 The nested model (Kagioglou et al., 1998)

This PhD. research is anchored in the nested approach (Kagioglou et al., 1998), which is specific for design and construction and is a holistic, integrated research method that generates a framework. This study is based on the interpretative school of thought and surveys were considered the most appropriate strategy for this research, hence data was collected through semi-structured interviews, document analysis and review and synthesis of existing literature. Figure 5.2 shows the framework adopted for this PhD research.
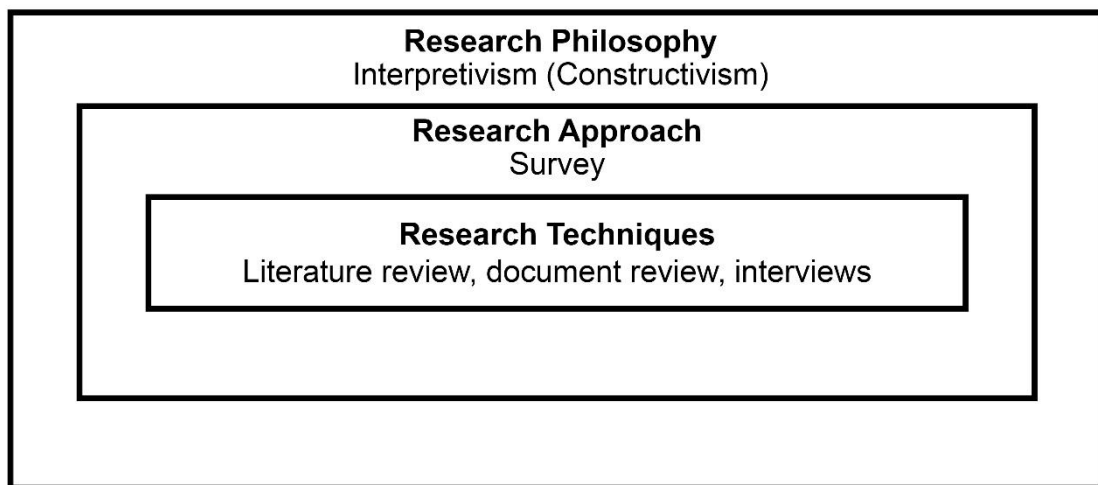
Figure 5.2 The 'nested' approach adopted for this PhD research
(adapted from Kagioglou et al., 1998)

Research philosophy is the starting point for designing a research methodology and the next section examines this further by focussing on understanding the research philosophy that drives this PhD research.

5.2   Research philosophy

A research philosophy refers to the set of beliefs concerning the nature of the reality being investigated, and relates to the development of knowledge and the nature of that knowledge (Saunders, Lewis & Thornhill, 2007). Understanding the research philosophy employed in the study can explain the assumptions inherent in the research process and methodology (Bryman, 2012). There are certain principles that guide a researcher's actions and beliefs and such principles can be referred to as a paradigm. According to Weaver & Olson (2006. p.460), "paradigms are patterns of

beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and processes through which investigation is accomplished". Researchers have diverse beliefs and different ways of viewing and interacting with their surroundings and consequently the way in which research studies are conducted will differ. Whilst consulting a collection of theories, a researcher will also bring their own world-view to a study before taking a philosophical stance, which ultimately shapes the direction of their research. Easterby-Smith, Thorpe, & Jackson (2012) summarised why a philosophical stance is important in a study: (i) It helps to clarify the research design; (ii) it helps the researcher to identify which research designs will work and which research designs will not work under the given circumstances; and, (iii) it helps the researcher to identify and create research designs which may be outside their past experience. Central to research philosophy are matters of epistemology, ontology and axiology. Each of these branches of philosophy will be discussed in relation to how they will inform the research methodology.

5.2.1 Epistemological assumptions

Epistemology is concerned with the sources and limits of human knowledge and whether or how human beings can have knowledge of reality. Epistemology "tries to understand *what it means to know*" (Gray, 2009, p.16) and the assumptions about the acquisition and acceptance of knowledge. It is a theory that provides a philosophical grounding for deciding how knowledge can be judged as being both adequate and legitimate (Crotty, 1998). Epistemological assumptions can be represented in a continuum where the extremes are positivism and constructionism/interpretivism (Monette, Sullivan, DeJong & Hilton, 2014).

Positivism ⟵ *Epistemological assumptions* ⟶ Constructivism (Interpretivism)
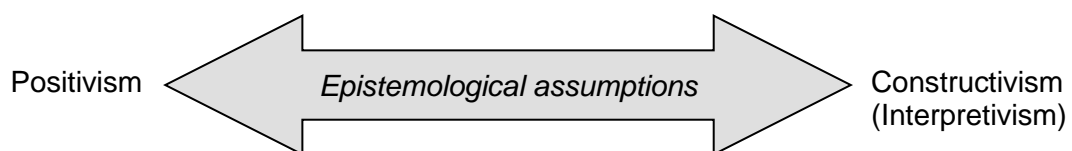
There are many different versions of positivism, but the main principle is that "the social world exists externally, and that its properties should be measured through objective methods" (Easterby-Smith et al., 2012, p.22). Positivism has been defined as a search for general laws and cause-effect relationships by rational means and

assumes that reality exists independently of the thing being studied (Sexton, 2007). A positivist approach can be summarised as follows:

- Reality consists of what is available to the senses – that is, what can be seen, smelt, touched, etc.,
- Inquiry should be based on scientific observation (as opposed to philosophical speculation), and therefore on empirical inquiry
- The natural and human sciences share common logical and methodological principles dealing with facts and not with values (Gray, 2009, p.21).

According to Oliver (1996), early disability research and the assumptions underpinning it were dominated by a positivist research paradigm. Positivist methods and the need to warrant hypotheses with statistics and credibility were also challenged by early feminist researchers (Oakley, Williams & Popay, 1999). They questioned epistemology (how we know what we know), drew parallels with the development of feminist, qualitative research methods and disability research paradigms, and concluded that the 'hearing of silent voices' is a principle of both feminist and disability research methodologies. There are difficulties in applying positivism to this research in that observation alone is inherently fallible, and that 'reality' is not objective and exterior (Easterby-Smith et al., 2012). Furthermore, positivism confines the role of the researcher to data collection and interpretation through an objective approach, hence the research findings are usually observable and quantifiable.

At the other end of the continuum, constructivism (which can also be referred to as interpretivism) is a search for explanations of human action by understanding the way in which the world is perceived by individuals, suggesting that the inherent meaning of social phenomena is created by each observer or group. Constructivism recognises that natural reality (the laws of science) and social reality are different and identifies the "culturally derived and historically situated interpretations of the social-life world" (Crotty, 1998, p. 67). The constructivist/interpretivist approach emphasises the difference between research conducted with people and research conducted with objects (Saunders et al., 2007) and recognises the different views and meanings that people place upon their experiences (Easterby-Smith et al., 2012). By employing the constructivist/interpretivist paradigm, this PhD research will ultimately be shaped by peoples' experiences. An exploration of the extent to which the design of football

stadia in England meets the needs of spectators who are wheelchair users requires that the perspectives of those people most involved are identified. In order to achieve the aim of the study, wheelchair users and key stakeholders need to recount their ideas, opinions and experiences. To achieve the aim of the PhD research, the researcher is required to identify different views of wheelchair users who are football spectators and those key stakeholders who have been involved in the design process of stadia, the management of stadia facilities and in the provision of services for disabled spectators.

Creswell (2012) suggests that interpretive (constructivist) frameworks may be social science theories to frame the researcher's theoretical lens in studies, or social justice theories that seek to bring about change or address social issues in society. It is at the constructivism (interpretivist) end of the scale where this research is positioned as it takes into account subjective human interests and focuses on meanings rather than hard data. The methods of social constructivist research can be contrasted directly with the eight features of classical positivist research, as summarised in Table 5.1.

Table 5.1 Contrasting the implications of positivism and social constructivism
(Easterby-Smith et al., 2012)

	Positivism	**Social constructivism**
The observer	must be independent	is part of what is being observed
Human interests	should be irrelevant	are the main drivers of science
Explanations	must demonstrate causality	aim to increase general understanding of the situation
Research progresses through	hypotheses and deductions	gathering rich data from which ideas are induced
Concepts	need to be defined so that they can be measured	should incorporate stakeholder perspectives
Units of analysis	should be reduced to simplest terms	may include the complexity of whole situations
Generalisation through	statistical probability	theoretical abstraction
Sampling requires	large numbers selected randomly	small numbers of cases chosen for specific reasons

Crotty (1998) and Easterby-Smith et al. (2012) refer to social constructivism as one of the interpretive methods which focuses on the way in which people make sense of their world through sharing their experiences with others. This position views objects and human action with multiple inherent meanings. Another key feature of social constructionist research is that the researcher's influence is acknowledged in that, "it is not possible to apply a method to arrive at a reality independent of human action" (Cresswell & Hawn, 2012, p.1). This PhD research, therefore, tends to align itself more closely with social constructivism.

5.2.2 Ontological assumptions

Ontology is the study of being, or "understanding *what is*" (Gray, 2009, p.16). It describes what is knowable and the assumptions that are made about the nature of reality, existence and its characteristics (Crotty, 1998). The ontological positions are frequently referred to as objectivism and subjectivism (Bryman, 2012).

Objectivism   *Ontological assumptions*   Subjectivism
(Realism)   (Idealism)
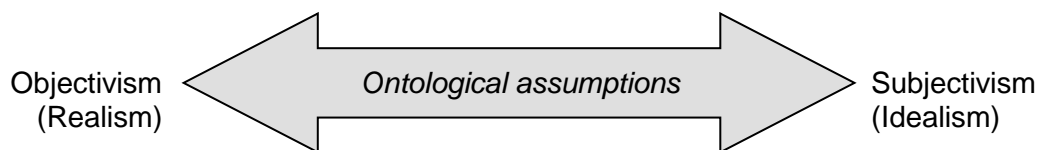
Objectivism (can be referred to as realism) has been defined as a commonly experienced external reality with predetermined nature and structure; whereas subjectivism (can be referred to as idealism) is an unknowable reality perceived in different ways by individuals. The objectives of this PhD research set out to understand the realities of actors in the built environment, hence it takes the ontological position of subjectivism. This research accepts the idea of multiple realities and will report these multiple realities by exploring different individuals' perspectives and experiences (Creswell, 2012). The data collected will encapsulate the environment as seen by the participants in the study and as such will be subjective in nature.

5.2.3 Axiological assumptions

A third theoretical perspective relevant to research philosophy is axiology. Axiology describes "how knowledge *is gained*" (Gray, 2009, p.16) and the role of values in

research. Axiological assumptions can be represented in a continuum where the extremes are value neutral research and value laden research.

Value neutral
(Value free)　　　*Axiological assumptions*　　　Value laden
(Value biased)
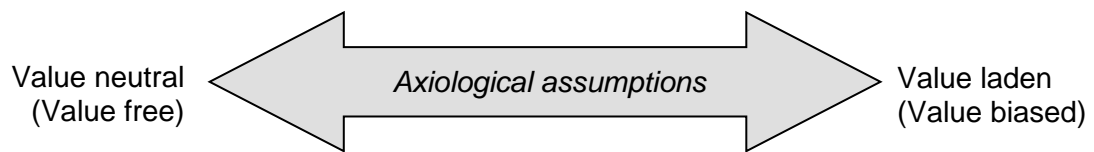
Value neutral refers to research which is value free and objective. The idea of value free refers to social, ethical, and political values which have "no influence over the reasoning of scientists…. scientists should proceed in their work with as little concern as possible for such values" (Douglas, 2009, p.1). At the other end of the scale, value laden refers to research which is value biased and subjective (Sexton, 2007). In terms of the subjective criteria, that is, the nature of information gathered from the field (Creswell, 2012), this PhD research could be judged to be value-laden, although the research strives to be unbiased. However, Kruglyak (2010, p.5) suggests that scientists cannot remain completely free from bias and that "a more detailed analysis of the values shows that quite neutral, value-free science does not exist". The value bias that the researcher may bring to the research is therefore acknowledged, despite the overriding principle adopted that the researcher's values do not adversely influence the research. Oakley et al. (1999) point out that when researchers conduct qualitative research, class and ethnicity interpose their own dimensions. This complicates the notion of an equal social relationship between the researcher and the researched (Oakley et al., 1999), leading Oliver (2002) to contend that, due to the trappings of the material and social relations of research production, it is not always easy for researchers to choose a partisan or scholarly position. The research process itself forces the researcher to be reflexive (Brown & Boardman, 2010; Rinaldi, 2013), critique their research and recognise that knowledge itself can be value laden.

Awareness of philosophical assumptions can both increase the quality of research and contribute to the creativeness of the researcher. Furthermore, the presence of a basic system of ontological, epistemological and axiological assumptions with which researchers approach their research is widely accepted (Marshall & Rossman, 1999; Sexton, 2007; Saunders et al., 2007; Douglas, 2009; Easterby-Smith et al., 2012). Researchers draw from different ontological and epistemological assumptions when

developing their approach to conducting research. A summary of these research philosophies is shown in Figure 5.3 (Sexton, 2007).
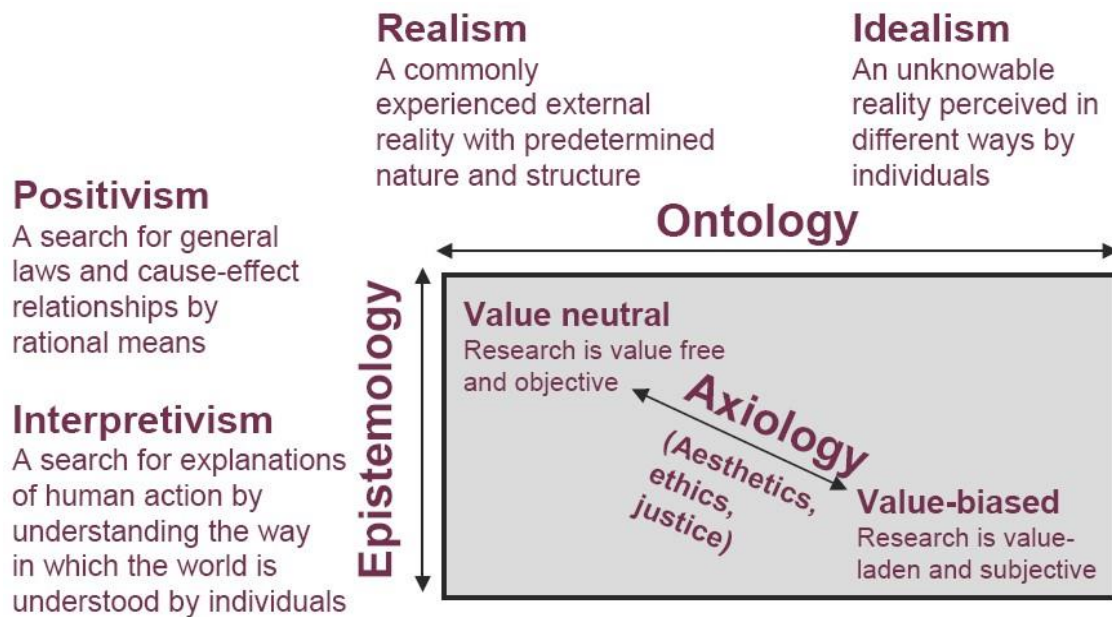
Figure 5.3 Research Philosophies in summary (Sexton, 2007)

5.3 Research approach

A research approach is a general plan of how to satisfy the research objectives, the strategy employed to collect the data and perform its analysis. The two research approaches are deductive and inductive.

Saunders et al. (2007) assert that a deductive approach tests the validity of theories, hypotheses and assumptions, and that it is through implementation of relevant methodology that the research proves the formulated hypotheses either right or wrong. On the other hand, an inductive approach begins with detailed observations of the world and contributes to the emergence of new theories (Neuman, 2003). It starts with research questions and aims and objectives that need to be achieved during the research process, rather than of formulating a hypothesis to test. Saunders et al. (2007) differentiate between deductive and inductive research approaches, as shown in Table 5.2.

Table 5.2 Contrasting the differences between deductive and inductive methods (Saunders et al., 2007)

Deductive methods	Inductive methods
Principles based on science; casual relationships between variables need to be explained	The meaning of human attachment to events are aimed to be explored
Movement is done from theory to data	Research context is understood in a deeper manner
Quantitative data is mainly collected	Qualitative data is mainly collected
The approach is highly structured. Measures of control are applied to ensure the validity of data	More flexible approach to research structure to ensure provisions for changes during the research
Concepts are operationalised in order to ensure the clarity of definitions	
Researcher is independent from the research process	Researcher is perceived to be part of the research process
Samples need to be selected of a sufficient size in order to be able to generalise research conclusions	Research findings do not have to be generalised

As this PhD research does not involve formulation of hypotheses, but begins by posing two research questions, linked to the overall aim and objectives, it is primarily inductive in nature, with some initial deductive aspects, in terms of the initial literature review that led to the formulation of the research questions. This PhD research adopts an open-ended inductive approach in order to:

1. Focus the study in relation to the purpose, critical review of the literature and identification of the research problem; and
2. Provide guidance on how to conduct the research in relation to its strategy, methods and validity.

5.4   Data collection methods

Data collection methods can be divided into two categories, qualitative and quantitative, although as Gray (2009) asserts, the distinction between the two is often blurred. As such, research can be mixed in its approach and in some cases, a combination of quantitative and qualitative data are collected, either simultaneously or consecutively (Denzin and Lincoln, 2005). Creswell (2013, p.17) suggests that the

choice of research practices depends upon the questions that are asked and "whether the intent is to specify the type of information to be collected in advance of the study or to allow it to emerge from participants in the project". Quantitative methods often refer to techniques that collect data that is, or can be made, numerical so that it is suitable for statistical analysis (Smith, 2007a). Quantitative research gathers data in numerical form which can be put into categories, or in rank order, or in units of measurement so that phenomena can be *measured*. As opposed to 'measuring' phenomena, qualitative research methods are based on *understanding* phenomena (Gray, 2009). Significantly, quantitative methods allow researchers to measure and control variables.

Quantitative Qualitative

Data collection method
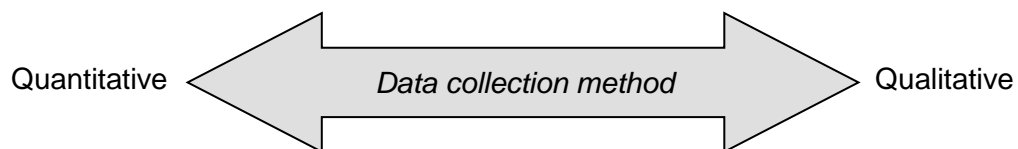
At the other end of the spectrum, qualitative methods involve collecting rich, meaningful, and often verbal data, such as interview transcripts, for interpretation (Smith, 2007a). As a data collection method it is richly descriptive of the context, the participants, and the areas of interest and gives the participants a voice of their own. Qualitative research methods allow the research to be more flexible and responsive to changing conditions. The sample selection is usually non-random, small and specifically selected; and the researcher spends considerable time in the natural setting of the study (Maxwell, 2005). Miles & Huberman (1994, p.6) summarise that most qualitative research involves a number of characteristics, as follows:

- It is conducted through intense contact within a 'field' or real life setting;
- The researcher's role is to gain a 'holistic' or integrated overview of the study, including the perceptions of participants;
- Themes that emerge from the data are often reviewed with information for verification;
- The main focus of research is to understand the ways in which people act and account for these actions; and
- Qualitative data are open to multiple interpretations (Miles & Huberman, 1994)

Qualitative research comprises different orientations and approaches and assumptions, which all generate new data-gathering and analysis strategies. This variety of views on *what* is known, *what may be* known, *how* it is known and on the way findings are to be transmitted demands an acknowledgment that there is not one legitimate way to conduct qualitative research (Marshall & Rossman, 1999). This PhD research focuses on real, located practice, and it is based on an interactive research process involving both the researcher and the participants. The objectives of this research reflect the need to investigate the perspectives of key actors in the design and management of sports stadia and this lends itself to qualitative methods. Qualitative methodologies allow perspectives, experiences and behaviours of individuals or groups to be explored in depth (Gray, 2009) and the techniques used allow the researcher to gather words, analyse them and focus on the participants' meanings. By spending time in the field conducting data-analysis, the researcher is able to understand the views of research participants. The research questions for this PhD research are qualitative in nature, hence the predominant research method is qualitative.

Qualitative methodologies can offer frameworks that enable researchers to, "render sensible the detail and texture of lived experience" (Cromby, 2012, p.88) whilst recognising the researcher as central in the construction of knowledge. From a disability research angle, Barnes (1992, p.115) endorses qualitative research methods as being "fundamental to the emancipatory research paradigm", but concludes that the usefulness of qualitative methods depends on the integrity of the researcher. As this PhD research involves qualitative research, the researcher accepts she will bring a certain set of beliefs as well as philosophical assumptions to it. As qualitative methods are open to personal interpretation the researcher must recognise her own previous knowledge and experiences (Fink, 2000) and an unbiased viewpoint should be observed. However, a personal understanding of the research subject needs to be acknowledged as part of the process and not ignored.

There has been considerable academic debate about employing qualitative research methods in order to carry out meaningful disability research (Barnes & Mercer, 1997; Mercer, 2002; Oliver, 2002). Adopting a qualitative approach when conducting research with disabled people is justified by other studies, previously

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discussed in the literature review. Shakespeare (1996), for example, favours qualitative rather than quantitative data collection strategies for research with disabled people, asserting that such strategies allow more scope for participants to take control over their words and thus affect the direction of the research. This permits the researcher to understand the world that research participants live in and to become acquainted with the social world they are studying (Creswell 2012). Brown & Boardman (2010) acknowledge issues of disability, ethnicity, age, gender and sexuality impact on the processes around qualitative research, stating that this approach aligns itself with research with disabled people. According to Bichard (2015, p.380) qualitative research can present users' experiences within a PhD thesis in such a way that it "may offer designers initial insight into the challenges the users face that designers can meet".

Denzin & Lincoln (2005) state that the role of the researcher and the individuals from whom qualitative data are collected can play a more central role in researchers' design decisions and that this must be recognised. The interpretive qualitative research approach adopted throughout this study considers the implications of reflexivity in disability research, beginning with the researcher positioning herself in the field of disability studies and disclosing her own experiences (Brown & Boardman, 2010; Rinaldi, 2013). In discussing the interpretive qualitative research approach, Creswell (2012) notes that all qualitative researchers need to understand the importance of the beliefs and theories that inform their work and also actively write about them in their research.

5.4.1 Reflexivity in qualitative research

Reflexivity entails the researcher being aware of her effect on the process and outcomes of research, based on the premise that it is impossible to remain outside the subject matter and that her presence had some kind of effect (Denzin & Lincoln, 2005). A researcher's background and position will affect what they choose to investigate, how they investigate (the methods), the findings considered most appropriate, the discussion and conclusions. Understanding something about the position, perspective, beliefs and values of the researcher is an issue in all research, but particularly in qualitative research where the researcher is often constructed as the 'human research instrument' (Lincoln & Guba, 1985). Brown & Boardman (2010, p.3)

argue that "Researchers' social and personal identities are consequently particularly significant during interviews: their presumptions, values, experiences and abilities inform the unfolding research throughout its entire course, from its initial conception to analysis, writing up and dissemination". The researcher acknowledged personal biases which may have influenced findings and engaged in an ongoing critical reflection of methods to ensure sufficient depth and relevance to the data collection and analysis. Rinaldi (2013, p.1) writes of the implications of reflexivity in disability research and suggests that "disability studies calls for at least a reflexive (if not a disabled) researcher, one who considers how perspective and privilege affect knowledge". As a disabled researcher, I reflected throughout the data collection process on the considerable potential for conflicts of interest between my 'academic' and my 'political' self. According to Brown & Boardman (2010, p3), the researchers "presumptions, values, experiences and abilities inform the unfolding research throughout its entire course, from its initial conception to analysis, writing up and dissemination". This required a continued self-awareness about the ongoing relationship between myself as researcher and the participants in the study. The personal identities of researchers have long been acknowledged as having a profound impact on the research process and I found this to be particularly significant when interviewing the spectators who were wheelchair users. In terms my position, upon reflection, I made a key decision to discuss the content of the interview with the participants and ask them where they would like the interview to take place. This decision also meant that they would feel more comfortable during the interview, something Bichard (2015) says is a key practice in qualitative research interviews. Furthermore, the researcher kept a private journal and made regular entries during the research process, recording methodological decisions and the reasons for them, and reflecting upon what was happening in terms of her own values (Lincoln & Guba, 1985). The journal was used to demonstrate a clear decision trail and to safeguard that interpretations of data were consistent and transparent.

5.4.2 Survey method

The data collection method for this qualitative research is survey based. The essence of the survey method can be explained as, "questioning individuals on a topic or topics and then describing their responses" (Jackson, 2011, p.17). The broad area of survey research encompasses any measurement procedures that involve asking questions

of respondents. This PhD research adopts qualitative survey methodology in order to: (i) Acquire the breadth and depth of information and insight required; (ii) include and appreciate the views and perspectives of the participants; and, (iii) give the participants a voice. Table 5.3 clarifies how different research strategies are selected, and emphasises that surveys focus on contemporary events, where the researcher has little control over behaviour.

Table 5.3 Selection criteria for different research strategies (Yin, 1994)

Strategy	Form of research question	Requires control over behavioural events?	Focuses on contemporary events?
Experiment	How, why	Yes	Yes
Survey	Who, what, where, how many, how much	No	Yes
Unobtrusive methods	Who, what, where, how many, how much	No	Yes/No
Case study	How, why	No	Yes

As can be seen from Table 5.3, surveys aim to answer 'who', 'what', 'where', 'how many' or 'how much' questions, whereas case studies ask 'how' and 'why' questions. Yin, (1994) suggests that 'how' and 'why' questions are more *explanatory* by nature, and favour the use of case studies. 'What' questions usually suggest that *exploratory* research is indicated, and 'who' and 'where' questions favour survey research Gray, (2009). Furthermore, case study strategy is employed to examine one case, often a person, in detail and follows it through some period of time. However, a case study strategy was deemed not to be appropriate as this PhD research involves 28 different individuals. Furthermore this PhD research has a clear start and end date and can only include such elements within such timeframes.

The researcher acknowledges she could have chosen to investigate different stadia as case studies, but opted not to as she did not want the focus of the research to be on the stadia that were being presented as case studies, thus making each stadium a specific case. Furthermore, case studies aim to analyse issues within the context of a specific phenomenon or environment (Yin, 1994), whereas surveys are conducted in order to reflect individuals' experiences in a systematic way through the collection of

data (Gray, 2009). Fink (2003) recommends survey strategy when exploring meanings and experiences and for determining the diversity within a topic of interest in a given population. "A survey is a system for collecting information from or about people to describe, compare, or explain their knowledge, attitudes and behaviour" (Fink, 2003, p.1). This approach offered the researcher the potential to direct the process of data collection so that the specific type of information required was collected.

Surveys fall into two categories, analytical and descriptive Gray (2009). Descriptive surveys can also be referred to as semi-structured.

Analytical ◁═══════ *Survey method* ═══════▷ Descriptive
(Semi-structured)
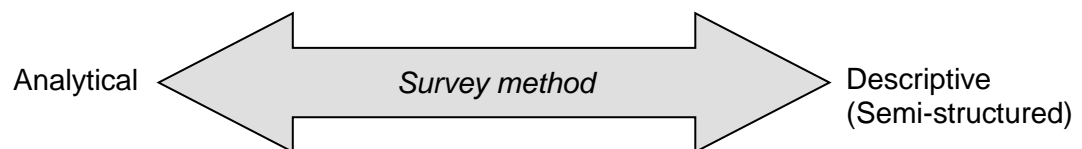
This PhD research adopts an inductive approach and interviews form a major part of the survey strategy. Gray (2009, p.99) states that, "descriptive surveys tend to use an inductive approach, often using open-ended questions to explore perspectives". Descriptive surveys have been successfully employed to identify the nature of social issues, and can therefore lead to recommendations for policy changes. The research strategy adopted for this PhD research involved two phases:

1. An analysis of the Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) 2015 survey results for:
   (a) Disabled spectators;
   (b) Club perspectives of provision for disabled spectators at sports stadia; and,
2. Semi-structured in-depth interviews with:
   (c) Spectators who are wheelchair users;
   (d) Key stakeholders with expertise in the design, operational and commercial aspects of football stadia.

This two-phase research strategy will now be explored in more detail.

5.4.3 First data phase

The first phase of the research strategy entailed an analysis of the secondary data provided in the 'Inclusive and Accessible Stadia' report published by the Office for Disability Issues (ODI) and the Department for Culture, Media and Sport (DCMS) in 2015. The UK Government's need for further information regarding the experiences of disabled football spectators initially arose from an article on the BBC website in March 2014 about the lack of wheelchair user places at Premiership football grounds (BBC, 2014b). In April 2014, the Minister for Disabled People, Mark Harper, wrote to all professional football clubs in England and Scotland about the lack of wheelchair user places in football grounds and in July of the same year the 'Accessible Stadia Project' was launched as a joint venture between the Minister for Sport and the Minister for Disabled People (HM Government, 2015b). As part of this project, the 'Inclusive and Accessible Stadia' report presented findings from a small study undertaken by the Office for Disability Issues (ODI) and the Department for Culture, Media and Sport (DCMS). The findings were based on two surveys: (i) An online survey to collect information about the service disabled spectators receive when they attend a sporting event; and (ii) a hard copy questionnaire of sent to 223 sports clubs across football, rugby and county cricket.

On further investigation, it emerged that the joint project was not assigned a budget, so there was a need for the questionnaire to be (i) cost effective; and (ii) reach as many people as possible (ODI, 2015). The questions were devised by an analyst and not developed with disabled spectators (ODI, 2015). The aims of the study were defined as:

 • To capture an indicative picture of the issues relating to stadia accessibility
 • To identify areas requiring further research
• To inform future constructive conversations between disabled people and sports clubs as they work together to improve accessibility (ODI & DCMS, 2015, p7)

The findings for disabled spectators are based on the results from an online survey that took place between December 2014 and February 2015 to collect information about the service disabled spectators receive when they attend a sporting event. A copy of the ODI and DCMS 2015 questionnaire can be found in *Appendix 1*. The first 13 survey questions gather information relating to spectator experiences of trying to

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attend sporting events; the final seven questions gather information about the respondents themselves, their age, sex, details regarding their health conditions/illnesses and employment status.

Reflecting upon these 13 survey questions, it is noticeable that they are all closed-ended questions are answered by ticking a box from a limited set of possible answers. Closed-ended questions are often used in surveys and generate higher response rates, generating answers that can easily be analysed statistically (Gray, 2009). However, by using this set of closed-ended questions the participants responses were limited and biased towards the set of responses provided. Answers that were suggested could lead participants to be directly or indirectly influenced by the questions. By not using open-ended questions participants were not prompted to answer with their experiences and stories, giving deeper and new insights. As such the questions used in the ODI & DCMS (2015) survey were not deemed to be appropriate for this PhD research.

To make the ODI & DCMS (2015) spectator survey as widely accessible as possible, LimeSurvey (a free, Open Source Software tool for web surveys) was used to make the disabled spectator survey available. Furthermore, in December 2014, the Disabled People's User Led Organisations (DUPLOs) used their member databases to pass the link to the survey on to their users. The Department for Work and Pensions (DWP) Press Office, the Office for Disability Issues (ODI) and Disability Action Alliance promoted a link to the survey, via social media. The spectator survey received 945 responses.

In December 2014, the Minister for Sport and the Minister for Disabled People wrote to all professional football clubs in England and Scotland, the top two divisions of both codes of rugby and the top two divisions of county cricket and asked them to complete and return a hardcopy questionnaire. While recognising that there were other types of sporting venues, the club survey identified these as the main spectator sports in Great Britain (ODI & DCMS, 2015). The club questionnaire received 88 responses.

Both sets of responses were grouped into several categories, which are reflected in the sections of the report's main findings. Percentages and actual figures are not given

throughout the report, so it is open to interpretation as to what constitutes 'some' and 'many' and so on. The spectator survey covered all disability categories and several spectator sports, although 76% of the respondents were football spectators, and 67% of the respondents reported their disability as 'mobility' (ODI, 2015).

Whilst providing useful secondary data, the ODI & DCMS (2015) spectator survey was defined by the Government's need to have explicit options for the respondents to select from, whereas this PhD research required respondents to provide unique or unanticipated answers. This is imperative in disability research as it aids "the paradigmatic shift from research *about*, to research *by* and *for*, disabled people" (Rinaldi, 2013, p.1). Therefore, this PhD research set out to collect empirical data that is more robust and which gives the participants a voice. Easterby-Smith et al. (2012) maintain that the methodological approach developed should influence and justify the method used and the knowledge produced. This PhD research requires a method that generates dialogue, rather than a structured survey or questionnaire where the tendency is to measure and restrict responses, resulting in data that is underpinned by a predetermined framework. This required a second phase of data gathering.

5.4.4 Second data phase
The second data phase included analysing the findings of the first data phase to inform the interview questions and the research approach. Investigating the everyday user experience when trying to attend an event and understanding how provision at stadia is determined in practice were two of the research objectives. In order to generate primary data to meet these research objectives, the second phase of this PhD research involved in-depth interviews conducted by the researcher with (i) spectators who are wheelchair users, and (ii) key stakeholders. The interviews, which were semi-structured in nature, provided the researcher with the opportunity to probe or ask follow-up questions and seek out clarification regarding respondents' experiences or impressions.

Boyce & Neale (2006) and Bryman (2012) discuss the main advantage of in-depth interview techniques as providing much more detailed information, compared to other data collection methods. In-depth interviews can be defined as a qualitative research technique which involves "conducting intensive individual interviews with a small

number of respondents to explore their perspectives on a particular idea, program or situation" (Boyce & Neale, 2006, p.3). Easterby-Smith et al. *(2012)* define in-depth interviewing as the most fundamental of all qualitative methods. In qualitative interviewing, the interviewee's point of view is important and is central to the inquiry, whereas in quantitative research the interview reflects the researcher's concerns. Individual in-depth interviews were conducted to obtain details of participants' experiences and views with regard to the accessibility of English football stadia.

Three interview schedules containing questions with which to be guided, rather than dictated, were devised (Smith, 2007a) in order to "understand the world from the subjects' points of view, to unfold the meaning of peoples experiences, to uncover their lived world" (Kvale, 1996, p.1). As such, the main objectives of in-depth interviews were to: (i) Draw out the experiences and perspectives of the participants; and (ii) provide the opportunity for research participants to reveal their personal thoughts about specific subjects. Interviews took the format of an informal conversation where the interviewer used semi-structured and open-ended questions, but the interviewee had the opportunity to give their opinions freely and provide further comments.

The term 'qualitative interviewing' is often used in reference to semi-structured interviews and can often be identified by the use of an interview schedule designed to guide the interviewer and direct the topics of discussion (Boyce & Neale, 2006). This is in contrast with a structured interview where interviewers strictly adhere to a pre-prepared survey or questionnaire, asking only pre-established questions and often with pre-established options for response (Jackson, 2011). In this PhD research, a semi-structured interview technique was adopted and the questions were designed in an open-ended form to encourage participants to talk about and explain their experiences in their own words. This method of data collection also meant that the researcher could design the pre-determined questions to facilitate an exploration of the research problem, rather than relying upon general comments elicited by the respondents. The characteristics of structured, semi-structured and unstructured interviews are shown in Table 5.4.

Table 5.4 Characteristics of structured, semi-structured and unstructured interviews (Gray, 2009)

Structured	Semi-structured	Unstructured (non-directive, focussed and informal conversation)
Quick to data capture	Slow and time consuming to data capture and analyse	As for semi-structured
Use of random sampling	The longer the interview, the more advisable it is to use random sampling	Opportunity and snowball sampling often used. In organisations, targeting of 'key informants'
Interview schedule followed exactly	Interviewer refers to a guide containing mixture of open and closed questions Interviewer improvises using own judgement	Interviewer uses *aide-memoire* of topics for discussion and improvises
Interviewer-led	Sometimes interviewer-led, sometimes informant-led	Non-directive interviewing
Easy to analyse	Quantitative parts easy to analyse	Usually hard to analyse
Tends to positive view of knowledge	Mixture of positivist and non-positivist	Non-positivist view of knowledge
Respondents' anonymity easily guaranteed	Harder to ensure anonymity	Researcher tends to know the informant

5.4.4.1 Interviews with wheelchair users

The data gathering for the second stage began with in-depth interviews conducted with participants who were:

- Adults;
- A wheelchair user;
- Had attended/tried to attend live stadia events during the past two years; and
- Willing and able to give informed consent

The spectators who were wheelchair users volunteered to take part in the PhD research having seen a flyer describing the study, which was posted on a notice board in a local centre attended by disabled people. An article also appeared in a local disability newsletter, which generated some volunteers; and some volunteered having heard about the study from others. For ethical reasons, it was necessary for the participants to volunteer to take part in the research, after they had been briefed on the research aims and purposes. Participants who showed interest in taking part in a

personal interview were contacted via email or face-to-face to arrange a convenient time and location.

In order to guide the interview process, an interview schedule was created based on good practice for qualitative interviewing (Marshall & Rossman, 1999; Maxwell, 2005). The schedule was devised in two stages:

1. An analysis of the spectator experience data from the 2015 Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) survey, which was used to inform a pilot study with five wheelchair users; and

2. The data collection and analysis of this pilot study with five wheelchair users informed the final version of the interview question schedule.

The five participants in the pilot study were volunteers and the interviews varied in length, depending on the relevancy of the items listed within the questions to each participant. One of the advantages of conducting a pilot study is that it might give advance warning about where the main research project could fail. The researcher refined some of the questions and items within the questions following the pilot study and an improved interview schedule was developed. As the interview questions had undergone changes, albeit relatively minor, the data collected during piloting was not included in the final dataset. The final version of the open-ended questions used for interviewing spectators who were wheelchair users can be found in *Appendix 2.*

The participants were asked to comment on their recent experiences in accessing the stadia, with sessions structured around key stages in the journey cycle. The researcher allowed for spectators who had tried, but been unable to attend stadia, accepting that not all of the interview questions could be answered as these referred to being physically present in the stadium. However, all of the respondents had attended a sports stadia on at least one occasion during the previous two years, although several of those interviewed reported being unable to obtain tickets at times. The researcher arranged the interview times and dates according to the interviewees' preferences. The length of the interviews ranged from 45-90 minutes in length. The main objectives were to draw out the experiences and perspectives of the participants, whilst providing them with the opportunity to describe their own personal feelings and ideas with regards to specific subjects.

The interview schedule developed was effectively influenced by techniques from qualitative approaches that aim to encourage participants to talk openly and talk more than the interviewer. The idea was to encourage participants to provide a storied account and therefore many of the questions began with *"can you tell me…"* to encourage a personal description of their experiences. Adopting techniques such as the "can you" question meant that the voices of the participants were central (Benwell & Stokoe, 2006) and as the researcher became more experienced in interviewing participants for this research, conversations moved much more towards enabling participants to talk about what mattered to them.

The researcher continued the process of interviewing and probing more in accordance with the aim and objectives of her PhD research until a point was reached when no new analytical insights were forthcoming (Miles & Huberman, 1994). Flick (2009) suggests that interviewing can cease when theoretical saturation is reached, that is when no additional data is being found or nothing new emerges. In total 28 hours of data was recorded with the spectators who were wheelchair users. The researcher ceased interviewing when accounts became repetitive and the analytical categories became clear, despite differences in the biographies of participants.

5.4.4.2 Interviews with key stakeholders

Semi-structured interviews with key stakeholders were conducted as the final stage of the second data collection phase. The aim was to obtain feedback from a commercial, design and operational perspective, regarding the challenges associated with providing accessible stadia. Professionals involved in football commerce, the design and operation of stadia (specialist in sports enterprise, architect, access consultant, access officer, inclusive design manager and those responsible for liaison with disabled spectators) took part in these interviews. Initial approaches were made by email, which introduced the research and the purpose of the data collection. The emphasis of the interview was to investigate their knowledge of football commerce and stadia design and management; and identify the constraints to accessible stadia provision. The researcher arranged the interview times and dates according to the interviewees' preferences. The length of the interviews ranged from 45-60 minutes in length. Where necessary, some interviews were conducted over the telephone. A total of seven hours of recorded interview data was collected from the key stakeholders.

Appendix 3 shows the list of open-ended questions devised for the key stakeholders, in stadia design and management which were devised over two stages:

1. An analysis of the club perspectives data from the 2015 Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) survey; and
2. The data collected from the interviews with spectators who were wheelchair users informed the final version of the interview question schedule for key stakeholders.

In order to understand the commercial and marketing perspective, it was necessary to speak to key stakeholders in a unique position to provide a focus on the commercial aspects of the football industry. This required a different set of questions and the interview guide for these key stakeholders can be found in *Appendix 4.*

5.5 Qualitative data analysis

Gray (2009) states that a fundamental issue of qualitative research is to what extent the data collected should be analysed, or even if it should be analysed at all. Presenting the data, without analysis "allows the data to 'speak for themselves', untainted by the potential subjective interpretations of the researcher" (Gray, 2009, pp.319-320). The second phase of this PhD research worked with small samples of people, individuals who were wheelchair users or key stakeholders and analysed the content of what they said. To facilitate this process, both sets of interviews were audio recorded by the researcher on a Dictaphone and transcribed into a Microsoft Word document.

Audio recording, rather than note taking, was considered more appropriate in accurately capturing what was said in the interviews. The benefits of audio recording the interviews included:

- It was easier for the researcher to concentrate, listen and respond;
- There was an increased risk of the researcher being more subjective if note-taking;
- Recording the entire interview gave a more holistic picture;
- During the analysis stage, the researcher had the opportunity to go back over material (Kvale, 1996; Bryman, 2012).

To achieve greater reliability, audio recording, transcribing all the interviews and the secondary data provided by the Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) report (2015) were used. Transcribing the interviews involved taking a full written version of the interview from the audio recording. This was very time consuming, with an estimated time ratio of 5:1 (that is, five hours of transcribing a one hour interview). Although Kvale (1996) acknowledges that the transformation of an interview to textual format will not fully capture all that takes place in an interview context, transcription from audio to text is necessary for the purposes of analysis and dissemination (Wiggins & Potter, 2008). Dey (1993, p.30) asserts that "analysis involves the process of breaking data down into smaller units to reveal their characteristic elements and structure". Once the data has been broken down into its constituent parts, the researcher can make connections between the concepts (Gray, 2009). In this sense, Dey (1993) argues that qualitative analysis can be seen as a circular process, as shown in Figure 5.4.
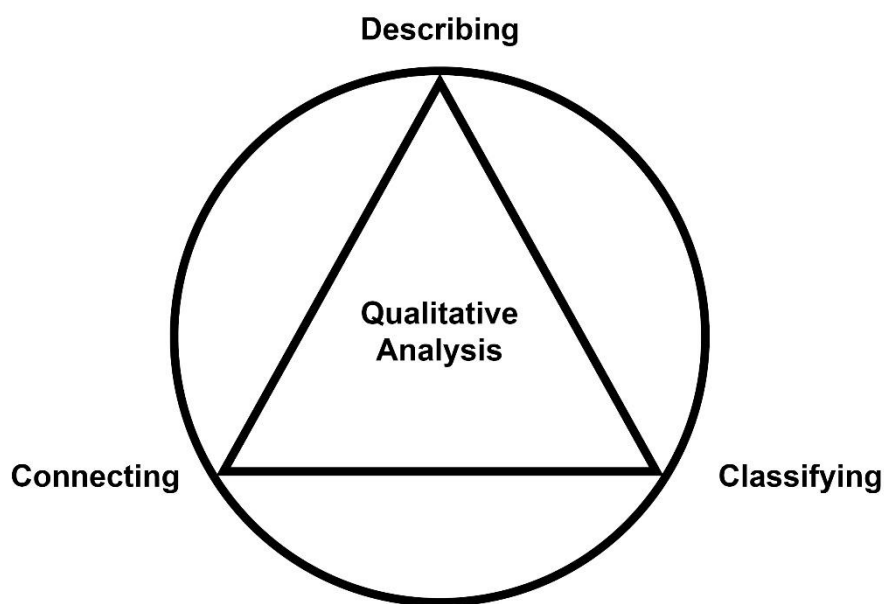
Figure 5.4 Qualitative analysis as a circular process (Dey, 1993)

In terms of analysing qualitative data Gray (2009, p.346) states that there are two main approaches, grounded theory and content analysis. Grounded theory "uses a process of open, axial and selective coding to develop categories and theories inductively from the data", whereas content analysis identifies common patterns, classes and

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categories within the responses and critically analyses them. For this PhD research, content analysis was employed to evaluate the data.

5.5.1 Content analysis

The volume of text generated by the interviews needed to be described and summarised, which required the researcher to seek relationships between various themes through a process of content analysis. Gray (2009, p.328) defines content analysis as "the making of inferences about data (usually text) by systematically and objectively identifying special characteristics (classes or categories) within them". This method reviews forms of human communication in order to identify patterns, themes or biases and to identify specific characteristics. An open presentation of analytic processes provides an important check for researchers and allows others to judge for themselves whether the analysis and interpretation corresponds with the data (Bazeley, 2013). The data analysis for this PhD research began almost in tandem with the data collection, and continued as a set of processes over the course of the field work.

There are a few basic commonalities in the process of making sense of qualitative data. Data analysis of this PhD research is based on the three steps defined by Miles, Huberman & Saldana (2013, p.12) who identified three main components of analysis, which they termed "concurrent flows of activity". These were: (i) Data condensation (also referred to as data reduction), (ii) data display, and, (iii) conclusion drawing/verification. Figure 5.5 illustrates the interactive nature of different stages of analysis as proposed by Miles et al. (2013).

Firstly, the data has to be organised and meaningfully reduced or reconfigured. Miles et al. (2013) describe the first of their three elements of qualitative data analysis as *data condensation*. Data condensation is defined as the process of "selecting, focusing, simplifying, abstracting, and transforming the data" (Miles et al., 2013, p.12) from field notes and transcripts. Data condensation takes place continually throughout the life of any qualitative project even before collecting data and takes place until the final report is completed. Data condensation after collecting the data refers to summarising, coding, identifying themes, clustering, making partitions and writing memos (Miles et al., 2013). Condensing or reducing the data into a manageable

format forces the researcher to make choices about which aspects of the assembled data should be emphasised, minimised, or set aside. Condie (2012) identifies this process as the "first data reduction step" which requires a consistent approach to transforming the audio recording to text.
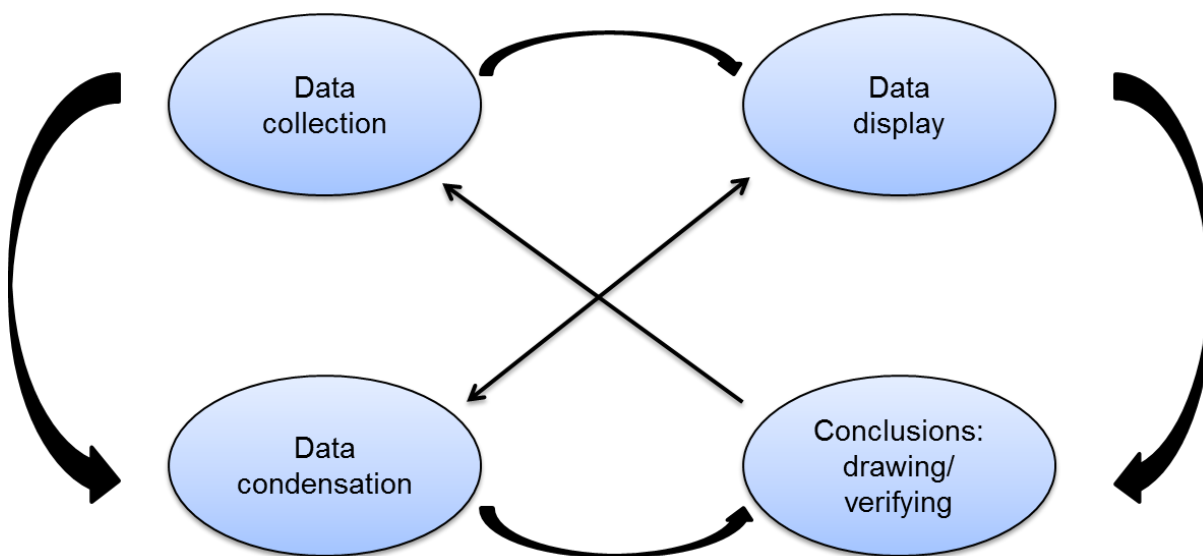
Figure 5.5 Components of data analysis: The interactive model (Miles et al., 2013)

The purpose of the next stage, *data display*, is the same as data condensation, to organise and make sense of the data. "Looking at displays helps us to understand what is happening and to do something – further analysis and action - based on that understanding" (Miles et al., 2013, p.12). Data displays include many types of matrices, networks, flow charts and models, and the type of data display utilised will depend on its purpose and the stage the analysis has reached. Bazeley (2013) proposes that matrix displays are primarily useful for facilitating comparative analysis of data, regardless of whether they are sketched out by hand or generated through the application of computer software. This provides a framework to structure data on disability which can lead to a further understanding of disability (Barnes & Mercer, 2010). Flow charts and models are helpful in a project's early stages to assist in initial conceptualisation and planning, and are particularly valuable when presenting conclusions from an analysis (Bazeley, 2013). Importantly, data display goes beyond data condensation and allows the researcher to start to identify systematic patterns and interrelationships (Miles et al., 2013). It is a method which has been successfully

employed in research which focuses on the 'disabled voice' (Imrie, 2001; Bromley et al, 2007). At this stage, additional categories or themes may emerge from the data that were not discovered during the initial process of data condensation.

The third element of qualitative analysis, according to Miles et al. (2013) is the *conclusion drawing/verification* stage where the researcher has the opportunity to note any detectable regularities, patterns, explanations, possible configurations, casual flows and propositions. Conclusion drawing/verification extends over the whole process starting from the beginning of the data collection process and "even at the final stage of writing up, gaps or inconsistencies may trigger the need for further data collection" (Gray, 2009, p.321). Conclusion drawing involves stepping back to consider what the analysed data mean and to assess their implications for the research aim. As Bichard (2015, p.173) notes during her research, "by immersion in the data, thematic frames begin to emerge" and the structure of the interview questions provide the "systemic process of ordering responses". Verification, integrally linked to conclusion drawing, entails revisiting the data as many times as necessary to cross-check or verify these emergent conclusions (Miles et al., 2013). This ensures that any conclusions being drawn from the data are credible, defensible, warranted and able to withstand alternative explanations.

5.5.2 Data Handling

Contextualising and making connections between themes to build a coherent argument supported by data is essential for this PhD research. In 'Handling Qualitative Data', Richards (2005) provides practical guidance for employing a qualitative data analysis software package. She proposes five signs of sufficiency for an analysis:

1. Simplicity – a 'small polished gem of a theory', rather than 'a mere pebble of truism';
2. Elegance and balance – it is coherent;
3. Completeness – it explains all;
4. Robustness – it doesn't fall over with new data; and
5. It makes sense to relevant audiences (Richards, 2005).

One of the first decisions made with regards to analysis was whether to use a qualitative analysis software programme to analyse the data or whether to carry out

the analysis by hand. Computer software packages for qualitative data analysis essentially aid in the manipulation of relevant segments of text and can mark, code, and move data more quickly and efficiently than can be done manually (Bazeley & Jackson, 2013). However, qualitative data analysis software is only a tool and the researcher must also engage intellectually with the data analysis and synthesis (Miles et al., 2013). In qualitative analysis, concepts must take precedence and software packages should not be used to avoid the complex process of qualitative analysis. The time and resources expended to become adept in learning how to use a specialist software package and the scope of the project were further considerations in deciding whether the package was essential to the research.

The researcher was aware that she needed to be selective when using computer software packages in qualitative analysis. There are many software packages that can be used to aid an analysis of qualitative data that have been developed. Weitzman & Miles (1995) in their review of computer software, suggest that when selecting a given package, researchers should think about the amount, types, and sources of data to be analysed and the types of analyses that will be performed. The researcher attended a training course in qualitative analysis, using software NVivo 11. Four transcripts of interviews with wheelchair users were analysed using the NVivo software. NVivo has been described as a useful device for the content analysis by Bazeley & Jackson (2013), as it:

1. Provides a range of useful tools for handling rich data records and information about them for browsing and enriching text, coding it visually or at categories, annotating and obtaining accessed data records accurately and swiftly.
2. Has tools for recording and linking ideas in many ways, and for searching and exploring the patterns of data and ideas.
3. Can manage the complexity of the data. As the user links, codes, shapes and models the data, the software helps to manage and synthesize the ideas.

However, in the early stages of analysis the NVivo 11 software seemed to reduce the data into smaller fragments so that the meaning and wider context of what was said was diluted and removed from the original context. Furthermore, when creating 'nodes' in NVivo 11, the exchanges leading up to what was said were separated during the process of coding. The researcher decided to use a general purpose software tool,

Microsoft Word, to simplify the analysis of qualitative data (La Pelle, 2004). There were several reasons why Microsoft Word was preferred by the researcher in that:

- The researcher was already competent in using Microsoft Word at an advanced level;
- The transcribed interview data was in Microsoft Word;
- It eradicated the import and export issues that could occur using a software package such as *NVivo*;
- Microsoft Word was available on every computer to which the researcher had access;
- The researcher was already writing up her thesis using Microsoft Word;
- Analysing in Microsoft Word meant the data was more transparent and could be easily shared with supervisors and other interested parties (Condie, 2012)

For data analysis there were several features of Microsoft Word which were utilised by the researcher, such as:

1. Highlight function to distinguish different codes/sections using colour (using the highlight function in various colours to distinguish codes);
2. Track changes, particularly the comments feature to include memos, make notes and record interpretations ('comment' function was useful for initial coding and notetaking on interview transcripts);
3. Referencing functions such as table of contents, table of figures, indexes and footnotes to organise themes or interpretative repertoires;
4. Bolding and italicising text, using different fonts and sizes, underlining, line spacing, columns, numbered lists and bullet points etc., (Condie, 2012).

In terms of preparation and transcription, as advised by Condie (2012), the researcher adopted a 'transcription strategy' to make the process of writing up easier. The transcription strategy meant that the same procedure could be followed throughout, such as starting a new paragraph for every speaker; using Arial font 12pt, as this was also used for drafting the thesis; using single line spacing; and, numbering the lines. Hahn (2008) recommends transforming raw unformatted text into a formatted and organised coding document and this approach to the analysis worked well in Microsoft Word. With the coding document established in Microsoft Word, the process of coding

was systematic and kept the data within context. Data analysis continued with the process of presenting the results and writing up the findings.

5.5.3 PhD research methodology development

To summarise, this PhD research methodology followed a qualitative constructivist (interpretative) research paradigm in order to: (i) Identify issues that frame the research agenda; (ii) explore the experiences of different stakeholders of what represents meaningful provision in football stadia; and, (iii) gain a better understanding of what is required to achieve this. Figure 5.6 summarises the research methodology development process for this PhD research.

5.6 Validity and reliability

Miles et al. (2013) state that validity and reliability are two factors which any qualitative researcher should consider when analysing results and judging the quality of the study. There is no uniformly agreed set of validity and reliability criteria for qualitative research, but researchers need to make their position clear at the outset. This means stating clearly their ontological and epistemological positions and ensuring that their choice of research methodology and data collection strategies are logical, rigorous and open to scrutiny.

The concept of validity is described by a wide range of terms in qualitative studies and does not have a single, universal definition. Saunders et al. (2007) define validity as the degree to which data compilation method or methods correctly measure what they were anticipated to measure. In other words, validity generally refers to the accuracy and value of the interpretations. In qualitative research, validity is concerned with the question of whether the researcher is studying the phenomenon she claims to be studying. In this PhD research there is little distinction between validity and reliability and both are assessed in context rather than against an external and objective standard.
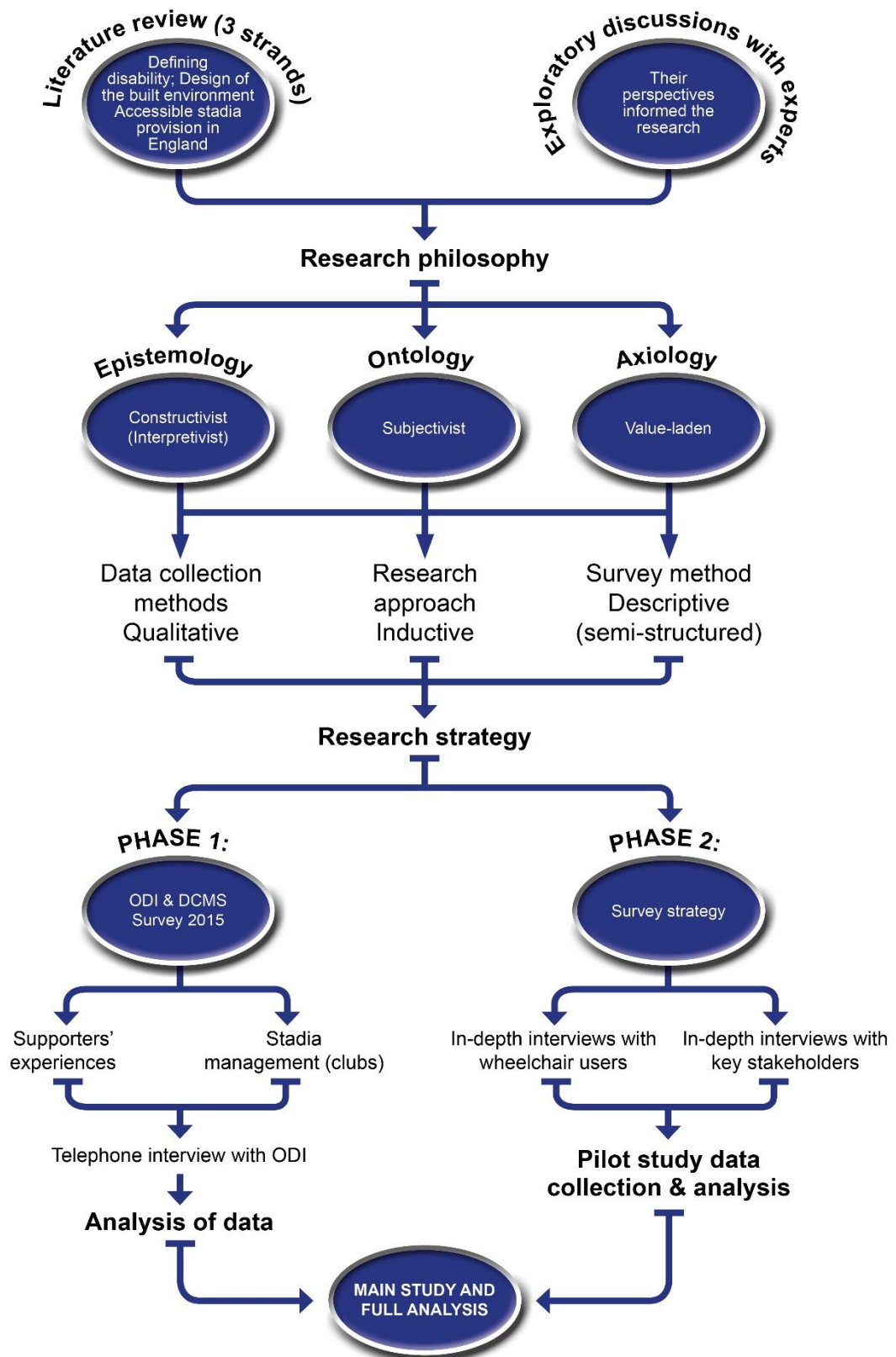
Figure 5.6 Diagram illustrating development of PhD research methodology
(Researcher's own)

According to Saunders et al. (2007) reliability refers to the extent to which the data collection methods will produce the same results, that is, the extent to which other researchers would arrive at the same results if they used the same procedures. However, in qualitative research "the significance of reliability is not universally accepted" (Gray, 2009, p.344) and reliability is less a function of replicability and more a function of credibility of the researcher's knowledge. The researcher, therefore, must acknowledge her central role, relationship and biases in the research. Merriam (1998) suggests that consistency in qualitative research derives from the researcher's presence and the nature of their interaction with the participants.

5.6.1 Trustworthiness in qualitative research

In their non-positivistic approach, Lincoln & Guba (1985) propose that trustworthiness of a research study is important to evaluating its worth. Trustworthiness involves establishing four criteria as an alternative to validity and reliability in qualitative research. These are: (i) Credibility (confidence in the integrity of the findings); (ii) transferability (the findings are applicable in other contexts); (iii) dependability (the findings are consistent and could be repeated); and, confirmability (the extent to which the findings are shaped by the respondents and not researcher bias, motivation, or interest).

For the purposes of this PhD research, several methods were employed to ensure its trustworthiness. Firstly, the researcher developed an early familiarity with the area of research before the first data collection dialogues took place, based on a comprehensive literature review of accessible stadia provision in England and exploratory discussions with experts in the field. The researcher spent sufficient time in the field to learn and understand it, referred to by Lincoln & Guba (1985) as 'prolonged engagement'. Secondly, research methods were adopted that were well established in qualitative investigation, including two phases to the data collection, and the utilisation of both primary and secondary data. Furthermore, the interviews with wheelchair users were pre-tested in a small pilot study and refinements were made, thus assessing the proposed data analysis techniques to uncover potential problems. Notably, the researcher took the decision to supply the interview questions to the participants beforehand. Saunders et al. (2007) identify that supplying the interview

questions to the interviewees prior to the interview should promote validity by enabling the interviewees to consider the requested information.

In presenting the data, the researcher included rich and thick verbatim descriptions of participants' accounts to support her findings, described by Lincoln and Guba (1985) as 'thick description' originally attributed to Geertz (1973); a way of achieving a type of external validity. By describing a phenomenon in sufficient detail, the researcher could begin to evaluate the extent to which the conclusions drawn might be transferable. In order to check the data, an 'audit trail', a transparent description of the research steps taken from the start of a research project to the development and reporting of findings (Lincoln & Guba, 1985) was utilised throughout the research process. These are records that are kept regarding what was accomplished during an investigation. The researcher also searched for elements of the data that did not support or contradicted explanations that were emerging from data analysis, referred to by Lincoln & Guba (1985) as 'negative case analysis'.

Lincoln & Guba (1985) point out that qualitative researchers generally use triangulation to ensure that an account is rich, robust, comprehensive and well-developed. Employing data triangulation is a strategy which can significantly improve the quality and validity of qualitative research methods, (Easterby-Smith et al., 2012). Data triangulation, whereby different methods and perspectives help produce a more comprehensive set of findings, is further explored in the next section.

5.6.2 Triangulation of data

Tape recording, transcribing all the interviews and complementary data gathering methods were used to provide triangulation of data. Denzin & Lincoln (2005, p.5) define triangulation as "the display of multiple, refracted realities simultaneously". Researchers need to consider the sources on which to base and confirm their research and findings; that is, primary data, secondary data sources and the use of both. For this PhD research, the primary data was the data collected by the researcher; the two sets of interview data. The secondary source was the previous research conducted by the Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) in 2015, which highlighted the findings of their survey data. By using evidence from different types of data sources, such as primary and secondary

research, data source triangulation was possible. Bryman (2012) contends that triangulation is predominantly beneficial for the analysis of qualitative data as a tool to determine trustworthiness, as it tests one source of information against another. However, rather than seeing triangulation as a method for validation or verification, qualitative researchers generally use this technique to ensure that an account is rich, robust, comprehensive and well-developed.

5.7   Ethical considerations

As Saunders et al. (2007) discuss, ethical considerations relate to moral principles associated with norms or standards of behaviour that lead to moral choices about behaviours and relationships with others. Maxwell's interactive model (2005) emphasises that the ethical considerations should be involved in every aspect of the research design. Accordingly, the University of Salford ethical policy compels the researcher to apply for ethical approval before conducting the field study. Such a committee would like to know, for example, what would happen to interviews that the researcher intends to record. The Research Governance and Ethics Committee of the University of Salford granted approval for this research. Please see *Appendix 5,* the formal Ethical Approval Memorandum from the University of Salford.

The researcher conducted the interviews according to the following criteria:

- Prior to taking part in the study all respondents were given a full explanation of the purposes of the research;
- It was made clear that participation in the research was voluntary;
- All participants were asked to complete and sign a consent form;
- Participants were informed that they had right to withdraw their consent at any time and if so, all data files and paperwork would be deleted and/or shredded immediately; and
- Following the interview, participants were given the opportunity to raise any concerns

The researcher produced a participant information sheet (*Appendix 6*), which informed the spectators who were wheelchair users of the basis of the research and what was involved in taking part and their right to withdraw from research participation at any time. Those who volunteered to take part were given a letter which provided further

details regarding the purpose of the interview (*Appendix 7*). All those who agreed to participate were asked to complete a consent form, (*Appendix 8*) when they were interviewed.

The key stakeholders who agreed to take part were also given a participant information sheet (*Appendix 6*), which contained details about the purpose of the research, what taking part involved and were given the opportunity to discuss any concerns that they had with the researcher. The key stakeholders were given an invitation letter which provided further details regarding the purpose of the interview (*Appendix 9*). All those who agreed to participate were asked to complete a consent form (*Appendix 10*) when they were interviewed. The consent form referred back to the information sheet and participants were required to confirm they had been given the opportunity to ask questions about the research. The consent form restated the right to withdraw from the research at any time.

Once the research had been introduced to those taking part, the researcher arranged a suitable time for an interview to take place. In some cases this involved the researcher conducting interviews inside the participants' homes, so issues around researcher safety and lone working emerged. When this occurred the researcher travelled with a personal assistant, who waited outside whilst the interviews were taking place. Permission was sought to audio record interviews and use participants' words in presentations and publications that arose from this PhD research. Participants retained a copy of the information sheet, letter and consent form to refer to following the interview.

With regard to confidentiality and anonymity (i.e. lack of identifiers or information that would indicate which individuals provided which data), these were to an extent safeguarded by not recording any respondents' names on the transcripts and giving them pseudonyms. The interviews with the spectators were recorded using the letter 'S' as a prefix followed by a number, for example S1. The interviews with the key stakeholders were recorded using the letters 'KS' as a prefix followed by a number, for example KS2. Participants were also informed that all information collected from them would be kept secure and their names (and addresses where applicable) would be removed to maximise the anonymity of their involvement.

5.8 Summary

This chapter has described the methods used in this PhD research, how the research was carried out and the choices and decisions made throughout the process. The chapter argued the philosophical underpinning of this PhD research and discussed the qualitative approach that was adopted. The use of survey strategy was outlined as an appropriate strategy for the purpose of this study. Subsequently, the different research techniques employed throughout this PhD research were defined, notably the methods of data collection and the data analysis process. Aspects relating to the reliability and validity of this research were discussed before the chapter concluded by addressing the ethical considerations.

The next chapter presents the results of the data collection.

Chapter 6: FINDINGS

6.1   Introduction

The question posed by this PhD research is "What represents meaningful provision for wheelchair users in football stadia in England?" In order to explore the extent to which the existing design of sports stadia in England meets the needs of wheelchair users, it is important to encapsulate their everyday experiences. The research aims to explore the experiences of wheelchair users as they plan their attendance at a sports stadia 12 years after Part III of the Disability Discrimination Act 1995 was implemented. Secondly, it requires an examination of these access needs from the perspective of several key stakeholders with expertise in marketing, developing and managing stadia. To achieve this, 28 interviews were undertaken by the researcher, 20 interviews with wheelchair users who attended stadia and eight interviews with key stakeholders: an adviser in sports marketing; a football consultant; a stadia architect; a local authority access officer; a sports ground inspector; an inclusive design manager; an independent access consultant; and a match day steward. In total 35 hours of recorded interview data was generated; 28 hours with the spectators who were wheelchair users; and seven hours with the key stakeholders.

The first two sections present the disabled spectator experience, beginning with the Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) 2015 survey results in section 6.2. The results of this survey informed the next stage of data collection, the interviews with spectators who are wheelchair users. In order to generate primary data to meet this research objective, 20 in-depth interviews with wheelchair users, who had been spectators in English stadia, were conducted by the researcher, generating 28 hours of interview data. The findings to emerge from this analysis of their experiences are reported in section 6.3. Section 6.4 utilises the empirical data from the interviews to consider what represents meaningful provision for spectators who are wheelchair users.

The data generated from the Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) 2015 survey results: Sports club perspectives are presented in section 6.5. These survey results informed the final stage of data collection, the interviews with key stakeholders. The researcher conducted eight

interviews to seek out their opinions and interpretations in order to understand how provision at football stadia is determined in practice, generating seven hours of recorded data. The findings to emerge from an analysis of this data are reported in section 6.6. Section 6.7 utilises the empirical data from the interviews to consider what can constrain or enhance provision for wheelchair users in stadia. Finally, a summary is provided in section 6.8, which concludes the chapter.

6.2   The spectator experience: Office for Disability Issues (ODI) & Department for Culture Media & Sport (DCMS) 2015 survey results

The first phase of the research strategy entailed an analysis of the secondary data provided in the 'Inclusive and Accessible Stadia' report published by the Office for Disability Issues (ODI) and the Department for Culture, Media and Sport (DCMS) in 2015. Heaton (1998) refers to the benefits of using secondary data in qualitative studies and suggests it can be used to generate new information or confirm existing theories and that it can provide data from unique respondents. The ODI & DCMS rationale behind the study was to gather evidence for the UK Government, as much of the previous reports regarding disabled spectator experiences were anecdotal and had not been documented (ODI, 2015). Hence the survey set out to "gain understanding of the needs of disabled people around attending spectator sports and to better understand any constraints regarding making visits to sports stadia accessible" (ODI & DCMS, 2015, p.7). The researcher, despite several attempts, was unable to obtain a more detailed breakdown of the statistics which informed the report, but did conduct a telephone interview with a key member of staff in the Office for Disability Issues to seek further information. This telephone interview appears in Figure 5.6 as 'telephone interview with ODI', prior to the analysis of data for Phase 1.

The (ODI & DCMS, 2015) online survey asked disabled spectators to describe their experiences when they attended, or planned to attend, a sporting event. There were three overriding aims:
1. To capture an indicative picture of the issues relating to stadia accessibility,
2. To identify areas requiring further research, and
3. To inform future constructive conversations between disabled people and sports clubs (ODI & DCMS, 2015, p.7).

The main areas covered by the survey were planning attendance at a sporting event, issues around purchasing tickets, travelling to and from a sporting event, overall experience when attending a sporting event, and what aids and adaptations would help disabled spectators. The spectator survey received 945 responses, which were reported in the main findings.

The majority of respondents (67%), stated that they had a health condition affecting their mobility, although the questionnaire does not identify wheelchair users as a specific category (ODI, 2015). However, the report is useful in that it provides a better understanding of the needs of disabled people when they attend, or try to attend sports stadia and the changes that can be made to ensure that sports stadia services and facilities become more accessible. The findings were presented descriptively, rather than statistically and respondents were given the opportunity to provide more details in free text boxes. Some of these comments have been included in the report and excerpts from this testimony are repeated hereafter. The following sections summarise the survey results for disabled spectators, with particular reference to wheelchair users, where this information was available.

6.2.1 Survey results: Planning attendance

In terms of planning to attend a sporting event, football was the most frequently mentioned sport, with 76% of respondents citing football as the live sporting event that they wished to attend (ODI, 2015). The majority of respondents had been able to attend a sporting event, but some had not been able to attend as many events as they would like and a few had not been able to attend any sporting event in the previous two years (ODI & DCMS, 2015). Different barriers were cited as preventing attendance; the most frequently mentioned was that venues were difficult to access, with problems getting to and from stadia and other transport problems, particularly finding suitable parking (ODI & DCMS, 2015).

> *Lack of parking for 'blue badge' holders* (Disabled spectator, ODI & DCMS, 2015, p.11).

Difficulty in accessing the venue and stadium facilities not meeting their needs were cited as reasons for respondents not attending all the sporting events that they would like. However, some respondents said they could not attend due to fears regarding

access, an issue acknowledged as the 'known unknown', which has been particularly relevant in journey decision making for disabled people with regards to accessible toilet provision, for example (Hanson et al 2007; Bichard, 2015). Feeling uncomfortable or anxious about attending, based on past experience, meant they were not confident about attending independently (ODI & DCMS, 2015).

> *Each time I have been, I have never been on my own. I would not go on my own through fear of having too many issues* (Disabled spectator, ODI & DCMS, 2015, p.11).

A key concern was whether the stadium could cater for specific requirements, with some reporting that they had to telephone the club before they bought tickets to find out about parking, the distance between parking and the venue, and whether they would have to wait around at the end before being allowed to go back to their transport.

> *I can't just purchase a disabled ticket and turn up, I have to phone in advance, check parking, distance between car park & stand, how much earlier I have to be there (& stay around at the end)* (Disabled spectator, ODI & DCMS, 2015, p. 12).

This was noted to be a specific problem when attending away games where the facilities were not familiar (ODI & DCMS, 2015). Spectators stated that football clubs did not provide them with stadia maps showing where their seating and other facilities, such as accessible parking and toilets were located. Parking can be limited, particularly as clubs seek to encourage spectators to use sustainable means of transport. It is acknowledged that there will be tension between private car use versus sustainability demands, but this is different if the only means of transport a wheelchair user can access is their adapted vehicle.

> *Difficulty accessing information about a venue's facilities for disabled people* (Disabled spectator, ODI & DCMS, 2015, p.12).

A lack of information about the facilities available and having to contact grounds in advance to check made planning more difficult and some respondents also mentioned they were concerned about the lack and quality of the information that was available.

> *Venues would not answer my questions on access needs, not allowed to attend for, I quote 'Health and Safety'* (Disabled spectator, ODI & DCMS, 2015, p.12).

6.2.2 Survey results: Purchasing tickets

Various problems were reported by respondents when trying to purchase tickets, whether on a match by match basis, for away games or when purchasing season tickets. Some respondents said there were no appropriate tickets available for their needs and thus were unable to attend (ODI & DCMS, 2015).

> *Not all had wheelchair ballots for premium games* (Disabled spectator, ODI & DCMS, 2015, p.14).

The main issue raised was the limited number of places for wheelchair users, which was particularly difficult for those who wanted to attend away matches (one premiership football club stadium was said to have only three wheelchair user places for away supporters) (ODI & DCMS, 2015).

> *Do not allow away fans* (Disabled spectator, ODI & DCMS, 2015, p.2).

There was also a view that wheelchair user places were not allocated on a fair basis.

> *Very limited wheelchair spaces available. Sometimes all given to a 'care home'* (Disabled spectator, ODI & DCMS, 2015, p.14).

Wheelchair users specifically mentioned that tickets were not available for online purchase as they were for general seats, which was considered inequitable. They questioned why tickets were not available to select and purchase online, as they were for general seats (ODI & DCMS, 2015).

> *Can't use online booking system for wheelchair tickets, have to phone up* (Disabled spectator, ODI & DCMS, 2015, p.14).

Some expressed concern that, at some stadia, they could not sit with their own supporters when they attended away games. Not only did this have an effect on their enjoyment of the event but it had inherent risks, as supporters from opposing teams are generally segregated (ODI & DCMS, 2015).

> *Not being able to sit with the fans of my team and having to sit with sometimes very volatile fans from the opposing team* (Disabled spectator, ODI & DCMS, 2015, p.15).

The choice of where to sit was frequently raised by wheelchair users and not being able to sit with the rest of their party was highlighted as an issue. Places for wheelchair

users only allowed one space for a companion, which prevented the spectator from sitting with friends and/or family (ODI & DCMS, 2015).

Unable to sit as a family of four, disabled tickets limit it to two (Disabled spectator, ODI & DCMS, 2015, p.2).

Further issues arose in that some grounds would not allow children to attend a match as a companion. This meant that if the other parent attended as the companion, the child or children could not attend with them (ODI & DCMS, 2015).

Not being able to purchase tickets with my husband and my two children like non-disabled parents can… we have two young children who participate in sport yet cannot go to any sport venue as they have a disabled parent who is only allowed to sit next to her carer / husband. Told that the children must sit elsewhere which is unacceptable as they are young and also unacceptable as non-disabled parents would not have this issue (Disabled spectator, ODI & DCMS, 2015, p.15).

There were concerns about having to pay the same price as non-disabled spectators even though there was little choice of where to sit. Some disabled spectators reported that they could not afford to attend sporting events, due to the price of the tickets and the cost of travelling to the venue (ODI & DCMS, 2015).

6.2.3 Survey results: Travelling to and from a sporting event

Many disabled spectators experienced difficulties travelling to and from a sporting venue with some saying they were prevented from attending a sporting event due to problems with transport, or worries about how to get there (ODI & DCMS, 2015).

Difficulty travelling to and from using public transport (Disabled spectator, ODI & DCMS, 2015, p.11).

Not enough disabled coaches supplying transport (Disabled spectator, ODI & DCMS, 2015, p.11).

The most frequently mentioned issue was that of parking, either a shortage of parking spaces for disabled people in close proximity to the stadium, or that accessible parking spaces (for blue badge holders) were being misused by non-disabled motorists.

Disabled parking bays used by TV crews and stretch limos or hospitality clients (Disabled spectator, ODI & DCMS, 2015, p.18).

As with parking, respondents also encountered problems with the distance they had to travel from the drop-off point if travelling by public transport. There were other difficulties in using public transport both to and from the stadium, such as having to use inaccessible stations. Similarly, the distance from the drop-off point of supporters' coaches to the venue was raised as a problem by a number of respondents. There were not enough coaches that could cater for disabled spectators and clubs were not providing enough accessible coaches for away fans (ODI & DCMS, 2015).

No accessible supporters' coaches available and no guarantee of parking at the venue if you use your own (Disabled spectator, ODI & DCMS, 2015, p.19).

It was highlighted that when the exit route from the stadium is changed by the police because they require the two sets of fans to remain segregated, some disabled spectators have to take a longer route to reach their transport. Another concern about this approach was that disabled people could be crushed in amongst other fans waiting to leave. The lack of support from stewards when exiting the stadium was also an issue (ODI & DCMS, 2015).

Leaving the venue, no one to help (Disabled spectator, ODI & DCMS, 2015, p.23).

6.2.4 Survey results: Overall experience

This section of the report covered arrival at the ground; the journey from the gate to the seat; getting around the concourse; and the experience of watching the sporting event. There were many accounts from disabled spectators that the services provided did not meet their needs and they gave critical reviews of toilet facilities, staff awareness of disability issues and the location of the seating when attending a live sporting event (ODI & DCMS, 2015).

The availability of a 'Changing Places' toilet, with an adult changing bench and hoist, was reported to be a significant factor for some spectators in deciding whether or not they could attend a sporting event. More generally, the poor accessibility of the toilet facilities was frequently raised, including a lack of accessible toilets, restrictions in the use of accessible toilets and inadequate maintenance of the facilities .

Lack of clean toilets with basic washing facilities (Disabled spectator, ODI & DCMS, 2015, p.22).

The interaction with club and stadia personnel, such as ticket office staff and stewards revealed a lack of disability awareness, which sometimes led to a breakdown in communication. For example, assurances made by club staff regarding the availability of help leaving the venue at the end of the sporting event were not always met. Some disabled spectators commented that some members of the club staff were not even aware of the club's policy (ODI & DCMS, 2015).

Stewards breaking simple promises made by club staff, no way to argue on the day (Disabled spectator, ODI & DCMS, 2015, p.20).

Significantly, the report noted that "the attitude and disability confidence of all customer-facing staff is essential to make the sporting event a positive experience for disabled supporters" (ODI & DCMS, 2015, p.2). But stadium staff, in particular those working on the food and drink concessions, were not 'disability aware' and a need for training was identified (ODI & DCMS, 2015).

Lack of awareness from service providers at the venue, for example, food and drink (Disabled spectator, ODI & DCMS, 2015, p.2).

Further issues regarding the concession stands were poor access and a lack of seating in the refreshment areas. Disabled spectators stated that there was often no orderly system for obtaining refreshments and that they had experienced difficulties in getting served (ODI & DCMS, 2015). Although it is acknowledged that everyone can experience difficulties getting refreshments at crowded venues, this was a specific issue for disabled spectators.

A number of barriers were raised in relation to where disabled spectators were asked to sit, and some wheelchair users reported not feeling safe where they were seated.

Many unsafe wheelchair viewing areas. Even in modern grounds (Disabled spectator, ODI & DCMS, 2015, p.21).

The lack of wheelchair user places was a barrier for spectators as this resulted in a reduced availability of tickets compared to non-disabled spectators. At some stadia, the low number of available wheelchair user places meant that disabled season ticket waiting lists had been closed (ODI & DCMS, 2015). With regard to away fixtures, the most notable complaint was that wheelchair users were often located with the home

fans, as there were no wheelchair user places in the part of the stadium where the away fans were located. Sitting with the home fans could result in disabled spectators from the opposing team experiencing unpleasant behaviour. Some wheelchair users did not attend when this was the case (ODI & DCMS, 2015).

> *Would have to sit with opposition fans, which has been horrible in the past* (Disabled spectator, ODI & DCMS, 2015, p.24).

Difficulties watching or viewing the sporting event was reported to be a frequently occurring issue experienced by disabled spectators during the previous two years. In terms of what seating was provided for wheelchair users, this was often on the same level as the event, which offered poor sight lines for spectators (ODI & DCMS, 2015).

> *Where I was a season ticket [holder] they took around two feet off the disabled bays so they could put advertising screens, sky sports with big cameras sitting in front of wheelchairs* (Disabled spectator, ODI & DCMS, 2015, p.21).

The seating areas were frequently located at the front of the stand, at pitch side and when this occurred, disabled spectators were without shelter from the weather, unlike other spectators who were not located pitch side and had a choice of where they could sit within the stadium.

> *Always at the front and open to the elements* (Disabled spectator, ODI & DCMS, 2015, p.22).

Further problems arose when other spectators stood in front of wheelchair-user spaces or would stand up in the seating areas during the game, blocking the views of disabled spectators. It was evident from some accounts that lack of disability awareness among other spectators was an issue (ODI & DCMS, 2015).

> *Fans continually standing in seated areas… When I have tried to reason with them, many of them they have been very rude in their reply* (Disabled spectator, ODI & DCMS, 2015, p.12).

Getting around the concourse raised a number of barriers, such as venues not having lifts to the stands, ramps too small for mobility scooters, slippery flooring, or a poor level of circulation around the concourse and stadium (ODI & DCMS, 2015).

6.2.5 Survey results: Aids and adaptations

The aids and adaptions cited by respondents fell into three main categories: Physical features; accessible communications; and cleaner and more accessible toilets. Physical features included easier physical access, flat walking surfaces, more seats at lower levels, lifts, more seating room, and a safe place/area shielded from the crowds (ODI & DCMS, 2015).

Although respondents said they wanted easier access to and better facilities in the toilets, they also mentioned other improvements that could be made, such as the introduction of 'family friendly' toilets. In terms of access, spectators said they wanted more accessible toilets to be available (to reduce queues) and that they should be located close to the accessible seating areas for wheelchair users. The need for a 'Changing Places' toilet facility (with changing bench and hoist) was highlighted. More generally, clean toilets with suitable washing facilities were requested (ODI & DCMS, 2015).

Basic clean toilets with washing facilities. Enough for a large crowd! (Disabled spectator, ODI & DCMS, 2015, p.24).

The ODI & DCMS (2015) survey results presented above provide a comprehensive summary of the barriers that the disabled spectators who responded faced when attending, or trying to attend, spectator sport events. Furthermore, the results from the ODI & DCMS report (2015) confirms what the literature review emphasised, that disabled people encounter significant barriers within the built environment. The report is useful in that it provides a better understanding of the needs of disabled people around attending spectator sports and the changes that can be made to ensure that sports stadia services and facilities become more accessible. Sections which highlight where the most frequent issues occurred, such as, planning attendance, purchasing a ticket, getting to and from the venue, aids and adaptions were similar to how the interview questions were broken down during the pilot study for this PhD research. Thus, the online survey results, along with the results of the pilot study informed the next stage of data collection, the interviews with spectators who are wheelchair users. The results from these interviews are presented in the following section.

6.3 The spectator experience: Interviews with wheelchair users

To investigate the spectator experience, a total of 20 interviews were undertaken by the researcher with spectators who were wheelchair users. The interviewees volunteered to take part having seen the flyer describing the study (which also appeared in a local disability newsletter) or having heard about the study from others. The volunteers lived in the Midlands and the North West regions of England and the interviews were conducted predominantly in an office in the Neuromuscular Centre in Winsford, Cheshire although the researcher also conducted interviews in the participant's homes and her own home, according to the preference of the respondents and/or their specific access needs.

Half of those interviewed reported being unable to obtain tickets at times, but all 20 of the respondents had attended a sports stadia on at least one occasion during the previous two years. Prior to the interviews, some background information was sought from each of the participants, as follows:

- Age;
- Gender;
- Length of time using a wheelchair (that is whether they began using a wheelchair in childhood or adulthood);
- If they owned a season ticket (a season ticket provides the holder with a seat for all of the club's home league games, and also gives the holder priority for cup match tickets, and away match tickets); and
- Whether they frequented one stadium only (referred to as the 'home' stadium), or attended both 'home' and 'away' stadia.

A total of 15 male and five female spectators were interviewed, which approximates to the typical gender split in match attendance for Premier League fixtures. The researcher was unable to locate more up-to-date statistics, but research by *Populus* found 19% of fans going to Premier League games in the 2008-09 season were women (BBC Sport, 2011). Three age groupings were used, as follows: Aged 16-39 years, 40-64 years and over 65 years. A breakdown of spectator interviewees by age and gender is shown in Table 6.1.

Table 6.1 Breakdown of spectator interviewees by age and gender

Age	No. of males	No. of females	No. of spectators
16-39	10	2	12
40-64	3	3	6
65 and over	2	0	2
Total	**15**	**5**	**20**

Of the 20 participants, 10 had been wheelchair users since childhood and 10 began using a wheelchair in adulthood, as shown in Table 6.2. Notably, eight of the 10 childhood wheelchair users were in the 16-39 years age category.

Table 6.2 Breakdown of spectators by age and length of time using wheelchair

Age	Childhood wheelchair user	Adult wheelchair user	No. of spectators
16-39	8	4	12
40-64	2	4	6
65 and over	0	2	2
Total	**10**	**10**	**20**

Six of the participants attended their local stadium only, whereas 14 had attended both their local (home) stadium and (away) stadia elsewhere in England; eight of the 20 participants were season ticket holders at their local (home) stadium.

The length of the interviews varied between 45 to 90 minutes in length depending on how much information the participants wanted to convey to the researcher. In that sense, the length of the interviews were controlled by the participants. The interviews were transcribed in full from the recordings made. All the participants were asked the same series of open-ended questions, and their responses are summarised in the following sections.

6.3.1 Planning attendance

The participants were asked to describe the process of planning attendance at a stadium. Telephone was cited as the primary method of contact when planning attendance, with 18 of the 20 stating that they used the telephone, even if they used other methods as well, as shown in Table 6.3.

Table 6.3 Planning attendance: Methods of contact

Method of contact	Primary method	Secondary method	Total spectators
Telephone	17	1	18
Email	1	8	9
Internet	1	3	4
In person	1	2	3

The second most popular method of contact was via email. Nine of the participants said that they had used email to communicate with the venue. In terms of what made contact easier, there were a wide range of responses, but the most popular was the availability of stadium or club staff who were helpful and knowledgeable, as shown in Table 6.4. Other descriptions of what made planning attendance easier, cited by individual spectators were: The availability of useful website information (Level Playing Field website); forward planning by the spectator; living local to the stadium, so can visit in person; telephone number charged at local (non-premium) rate; and, a dedicated email address for disability ticketing.

Table 6.4 Planning attendance: Descriptions of what makes it easier

Description of what makes planning attendance easier	No. of spectators cited
Helpful and knowledgeable staff/Disability Liaison Officer (DLO) available	8
Nothing makes it easier!	3
Stadia/venue has a database where individual details are stored	2

There were a larger number of issues reported by respondents when considering what made planning attendance problematic, the most frequently cited issue was the inability to get through to someone at the club, as shown in Table 6.5.

The length of time that you are waiting for someone to respond on a high rate telephone call. You are put on hold and are being charged all that time so the costs mount up (S18, 2016).

Other descriptions of barriers encountered when planning attendance, cited by individual spectators were: Too few wheelchair spaces available; stadia ticket allocation is not 'family friendly'; having to go through a Disabled Supporters Association (DSA) for away match tickets; away grounds are not always easy to

contact; difficulty associated with visiting stadium in person; and, having to pay to use the club website to access information.

Table 6.5 Planning attendance: Descriptions of the barriers faced

Description of barrier/problem when planning attendance	No. of spectators cited
Unable to get through on telephone/lack of staff answering telephones	8
Dealing with untrained staff/staff with no knowledge of access needs	3
Not encountered any barriers	3
No internet ticket sales for wheelchair users	2
Unable to access Disability Liaison Officer at stadium	2
Cost of telephone calls	2

There was overlap in the responses here to those given in the 'purchasing tickets' section of the interview, covered in the next section, due to the fact that the majority of contacts were taking place in order to purchase tickets.

6.3.2 Purchasing tickets

The participants were asked to describe the process involved in purchasing tickets and a summary of the responses is shown in Table 6.6. For season ticket holders, the process was generally described as "straightforward" in that they renewed their season ticket every year with the club and were guaranteed a seat for every league home fixture. However, those who were not season ticket holders reported that the procedure was far less straightforward.

Table 6.6 Purchasing tickets: Process followed by spectators

Process followed by spectators to purchase tickets	No. of spectators cited
Telephone the ticket office	13
Season Ticket is automatically renewed each season	8
In person at the ticket office	5
Join the club's Disabled Supporters Association (annual cost)	3
Email the ticket office	2
Ticket office contacts the spectator	2

> *They put the tickets on sale, but if you are a wheelchair user you can't just go and buy a ticket for a wheelchair user. You have to contact them separately* (S17, 2016).

When applying for league away fixtures and cup games, both season ticket holders and non-season ticket holders reported a similar process.

In terms of what made purchasing tickets easier, three participants referred to a scheme whereby wheelchair users could register their details with the stadia concerned. This involved completing a form and providing proof of eligibility (such as confirmation of their entitlement to the higher rate of Disability Living Allowance/Personal Independence Payment). These details would then be stored for future use so that the applicant did not have to repeat the procedure every time. Once registered on the scheme, wheelchair users would be provided with a ticket for their personal assistant at no extra cost.

> *When you send in your details and they save them on a database, so you get a free carer ticket without having to give them all your details every time* (S14, 2016).

The researcher noted that some spectators reported what *would* make purchasing tickets easier, rather than what *does* make their purchase easier, notably in relation to the availability of an online booking system. This issue also featured in the spectators' responses to the next question, when they described the barriers they faced in purchasing tickets. A summary of the responses to what made purchasing tickets easier is shown in Table 6.7.

Table 6.7 Purchasing tickets: Descriptions of what makes it easier

Description of what makes purchasing tickets easier	No. of spectators cited
Season Ticket Holder, so fairly straightforward	4
Nothing makes it easier!	3
Stadia/venue has a database where individual details are stored	3
Speaking to someone who is at the stadium	3
If online booking was available, that would make it easier	2
Live local, so can visit stadium in person	2

Other descriptions of what made purchasing tickets easier, cited by individual spectators were: Being able to email ticket office at the start of the season with ticket requests; and when a free companion ticket is supplied with the ticket for the wheelchair user.

Notably when the participants were asked to discuss any barriers or problems faced when going through the process of purchasing tickets, 19 of the 20 had encountered significant issues which had restricted them in some way. Poor telephone access was reported as a barrier when trying to purchase tickets, but also the fact that there were too few wheelchair spaces available, as shown in Table 6.8. One participant said he had not encountered any barriers in purchasing tickets.

All 20 participants reported that, as far as they were aware, there was not a facility for wheelchair users to purchase tickets online. Three of the respondents mentioned that not being able to purchase tickets online was a problem for them.

> *You have to give wheelchair users the same facilities as an able-bodied and let us buy tickets online* (S2, 2016).

Table 6.8 Purchasing tickets: Descriptions of barriers faced

Description of barrier/problem when purchasing tickets	No. of spectators cited
Unable to get through on telephone/lack of staff answering telephones	6
Too few wheelchair spaces available	6
No internet ticket sales for wheelchair users	3
No availability of season tickets for wheelchair users	3
No flexibility when it comes to wheelchair user seating	3
Problems accessing ticket office in person	3
Fear of unknown if away match fixture	2
Need to be a member of the club's Disabled Supporters Association	2

Having to go through a Disabled Supporters Association (DSA) was an issue for those wheelchair users who had no choice but to do so in order to purchase tickets. DSA's have been established at football clubs to bring together disabled supporters to discuss matters relating to match days and club facilities, or for social purposes. However, this can be seen as 'specialised design' provision on the part of football

clubs, which segregates disabled supporters in an exclusive group, rather than having one inclusive group of supporters. It is a micro-environmental approach located in the medical/individual model of disability (Hanson, 2004), which takes the perspective that disabled people have 'special needs' and are different from the rest of society.

Three of the respondents reported having to join a DSA prior to being eligible for tickets, and two of them said this was a barrier in itself (there is an annual membership fee). There were concerns regarding the equality of making disabled supporters join a fan-led association when non-disabled supporters were not required to do so. Furthermore, the fairness of the ticket allocation system when handled by other supporters, rather than the ticket office, was also questioned.

> *Well the number of times we have tried to get away tickets from the Disabled Supporters Association and we've just not got anywhere. We've even been along to their AGMs, we've asked questions and they've not really given us the answers* (S7, 2016).

Three spectators also raised concerns about families and friends not being allowed to sit together. The 'one wheelchair, one companion' rule was generally thought to be inflexible. This was particularly the case for wheelchair users who were parents and wanted to attend with their child or children.

> *They are not very 'family friendly' if you are in a wheelchair. I want to attend with my son, but as I can't move my arms very well, I need a PA with me at all times. They always put him somewhere else, not next to me* (S15, 2016).

There were 11 spectators who had not been able to purchase tickets on occasions during the previous two years. When asked what the main reason was, 10 of them responded that it was because there were too few wheelchair spaces available.

> *They run out of wheelchair spaces very quickly so I don't get allocated them in the ballot* (S16, 2016).

6.3.3 Arrival at the stadium

The participants were asked to describe how they arrived at the stadium and for those who were going to their home stadium 17 stated that they arrived by car. One arrived by tram; one arrived by taxi; and one spectator who lived in close proximity to the ground travelled in his power chair. The 14 spectators who had travelled to away stadia reported that the method of travel could vary as it was dependent on where the stadium was located and what facilities were available. For these supporters, seven said they would probably travel by car; four by accessible minibus or supporters' coach; two by train, assuming this was feasible; and one was unsure. A summary of the responses is shown in Table 6.9.

Table 6.9 Arrival at the stadium: Method of transport

Method of transport used by spectators	HOME fixture	AWAY fixture
Car/vehicle	17	7
Accessible minibus/supporters' coach	0	4
Tram	1	0
Train	0	2
Taxi	1	0
Power chair	1	0
Unsure	0	1
Total	**20**	**14**

When discussing what made arrival at the stadium more accessible/easier, 15 of the spectators referred to the availability of accessible parking provision. The availability of accessible parking provision was also relevant for spectators at away stadia. Significantly for spectators at away stadia, having accessible minibuses or coaches available was reported as being important, if not preferable, for three respondents. A summary of these responses is shown in Table 6.10.

> *The club has its own parking facilities. They have a lot of disabled parking spaces close to the stadium. The staff get to know your car as well, and your faces* (S15, 2016).

> *It is easier now because I travel in one of the Official Supporters' Club coaches. We used to travel be car and sometimes by train, but now the club have made sure there is always an accessible coach put on* (S5, 2016).

Other descriptions of what made arriving at the stadium easier, cited by individual spectators were: That the tram stops were fully accessible for wheelchair users; and, that the route from home all the way up to the stadium was wheelchair accessible.

Table 6.10 Arrival at the stadium: Descriptions of what makes it easier

Description of what makes arrival at the stadium easier	No. of spectators cited
If accessible parking is available/being able to park nearby	15
Nothing makes it easier!	4
Having a minibus or coach that can take wheelchairs	3

Nine participants stated what *would* make arrival at the stadium easier, as opposed to what *does* make it easier when responding to this question. These aspirational responses were all preceded with, "If the club.." or "If there…" Nine participants stated what *would* make arrival at the stadium easier, as opposed to what *does* make it easier when responding to this question. This theme continued when participants responded to what made approaching and entering the stadium more accessible and what made leaving the stadium safer. The researcher reflected on this and noted that this occurred when the participants reported that nothing made these activities easier. As they were unable to report anything positive in this regard the participants began to think of something that they thought would make these activities easier for them, based on their experiences of attending stadia. She also considered that perhaps the participants felt they had to provide some response that was positive in order to assist the research. As Brown & Boardman (2010, p.7) point out, "Within reflexive literature more broadly, discussion of negotiations centre around how far characteristics of researchers influence the responses of participants". Hence, the researcher could have unintentionally influenced the participants and this could particularly be the case when the researcher is a wheelchair user herself. Brown & Boardman (2010, p.23) state that this can still be the case when disabled researchers "sideline their impairments as irrelevant to their practice as researchers", but the fact that they have an impairment will impact on the data produced.

> *There is nothing that makes it easier! If there was somewhere to park, close by the stadium, that would make life easier* (S3, 2016).
>
> *If the venue has disabled parking nearby* (S17, 2016)*.*

In terms of what makes arrival at the stadium problematic, or acts as a barrier, 15 of the responses focussed on accessible parking, or the lack of it.

> *If they have got stadium parking, I pre-book. If the ground hasn't got parking, then I usually don't go to that away stadium* (S10, 2016).
>
> *The location of the disabled parking might be at the back of the stadium, but the entrance is at the front, so you have to go around the whole stadium just to get in. And then you have the carer who has to abandon you so that they can park the van, while you have to wait to get in* (S13, 2016).

A summary of the responses is shown in Table 6.11. Other descriptions of barriers faced when arriving at the stadium, cited by individual spectators were: The footpaths leading to the tram stops are uneven and steep; at away grounds sometimes the coach cannot drop off spectators in wheelchairs near the stadium; and, one spectator who was unable to find a taxi that would accommodate his wheelchair.

Table 6.11 Arrival at the stadium: Descriptions of barriers faced

Description of barrier/problem when arriving at the stadium	No. of spectators cited
Lack of suitable parking	15
No problems encountered	2

6.3.4 Approach and entry to the stadium

The participants were asked to describe how they approached and entered the stadium and they recounted the journey from their transport (or home in one case) into the stadium. 10 spectators described this process in neutral terms, but eight spectators used terms such as "It's difficult", "It's quite hard", "I struggle" and "It can be tough" in their descriptions. However, two spectators described the approach and entry to the stadium as "quite easy".

When discussing what made approaching and entering the stadium more accessible or easier, the spectators discussed a number of areas, as shown in Table 6.12. Other descriptions of what made approaching and entering the stadium easier, cited by individual spectators were: Forward planning by the spectator in advance of the visit; and, having automatic doors at the entrance.

The majority of the descriptions focussed on the approach to the stadium, rather than entry into the stadium. 10 of the spectators said that having stadium or club staff available to assist or direct them was important, and eight mentioned how a travel route that was not hilly or uneven made access easier.

All ground covered is perfectly flat and smooth. If you are a visitor, plenty of stewards are on hand to point you in the right direction (S12, 2016).

Table 6.12 Approach and entry to the stadium: Descriptions of what makes it easier

Description of what makes approaching and entering the stadium easier	No. of spectators cited
Availability of stewards and stadium staff to direct or assist	10
Even and level travel route from transport to entrance	8
Drop down kerbs/accessible pavements	5
Accessible entrance that is easy to find/clearly signed	5
Being accompanied by a PA	4
Locating the accessible parking/drop off zone close to the entrance	3
Travelling on a well-lit route	2
Having large, wide lifts	2

As with previous questions, some spectators responded by referring to what *would* make approaching and entering the stadium more accessible, as opposed to what *does* make it more accessible.

If they had disabled parking or a disabled drop off zone (S13, 2016).

In terms of what makes approaching and entering the stadium problematic, or which acts as a barrier, there were numerous issues raised by spectators. Two respondents who were spectators at away stadia reported that they were sometimes given incorrect information about the services and facilities available when entering the stadium, in particular about the availability of stewards or stadium staff to advise and assist them. A summary of the responses can be found in Table 6.13.

The website at one ground said, "A dedicated steward will meet you upon entry through the turnstile and answer any questions about your match day experience". No steward was there when we entered the stadium or throughout the game (S4, 2016).

Table 6.13 Approach and entry to the stadium: Descriptions of barriers faced

Description of barrier/problem when approaching the stadium	No. of spectators cited
Uneven pavements, no dropped down kerbs	4
Hills, steep inclines on route	3
No barriers faced	3
Crowds	3
Inadequate stewarding	2
Drop-off point/car park not close to the accessible entrance	2

Other descriptions of barriers encountered when approaching and entering the stadium, cited by individual spectators were: When the route from the car park to the accessible entrance was dimly lit; having only one small lift available at the accessible entrance; and, a lack of accessible toilets available on the route to the stadium.

As can be seen from Table 6.13, four of the responses focussed on the pavements around the stadium and issues such as uneven surfaces and the lack of dropped down kerbs, which often forced the wheelchair user to travel in the road.

> *You've got to make sure you're on the pavements because if a bus, say, comes along the road, you can't get out of the way, you can't just jump up on to the pavement because there's no way of getting on there. Unless someone picks you up and puts you on there, which I always find a bit degrading* (S1, 2016).

6.3.5 Moving in and around the stadium

The participants were asked to describe moving in and around the stadium, once inside. Spectators referred to parts of the stadium, notably the concourse, being, "packed with people" and "very cramped" which made moving around "very difficult" or "very slow". 10 spectators commented on the large numbers of people moving around the stadium, who often did not see wheelchair users and the need to be very aware of the people around them.

> *It's like being in a big round corridor and people are moving in all different directions so you have to navigate your way through carefully. When people see a gap in the crowd, they think it's a space so they move towards it and then they come across me! It's just the amount of people* (S14, 2016).

The large crowds of people inside the stadium meant that spectators tended not to move about too much when inside the stadium. Spectators who had tickets for seating at the top of the stadium reported that it took them some time to get there. Three spectators mentioned arriving very early to avoid the crowds. The descriptions of the stands within the stadium were varied, with spectators preferring one stand over another in the same stadium.

> *Once you're inside the stadium, in the family stand it is brilliant for disabled access. There are clean toilets there, there are more of them and they are easy to get to* (S9, 2016).

A summary of what made moving in and around the stadium more accessible or easier is shown in Table 6.14. Additionally, one spectator said that having extra wide doors made moving in and around the stadium easier.

Table 6.14 Moving in and around the stadium: Descriptions of what makes it easier

Description of what makes moving in/around the stadium easier	No. of spectators cited
Nothing makes it easier!	9
Helpful stewards and stadium staff	5
Large and spacious wheelchair user seating area	4
Smooth and level terrain	3
When the toilets are nearby/within easy reach	3

When moving in and around the stadium, nine of the spectators spoke about congestion on the concourse and that the large number of people moving about was a problem for them, particularly when people in the crowd were unaware of wheelchair users.

> *When you are moving through the crowds, some of the people have this zombie look on their face and are not looking where they are going* (S6, 2016).

In terms of what made moving in and around the stadium more difficult, the spectators discussed a number of areas as shown in Table 6.15. Other descriptions of barriers faced when moving in and around the stadium, cited by individual spectators were: Segregated wheelchair area, where the spectators could not move around; lack of

signage to indicate locations within the stadium; toilet with the hoist located too far away to be of use; and, the wheelchair user seating area is not close to the entrance.

Table 6.15 Moving in and around the stadium: Descriptions of barriers faced

Description of barrier/problem when moving around the stadium	No. of spectators cited
Congestion/large numbers of people	9
Overcrowded wheelchair user seating area	4
No barriers encountered	3
Too few stewards available	2
Poor or inadequate lift facilities	2
So noisy, wheelchair users unable to make themselves heard	2

6.3.6 Wheelchair user seating area

The participants were asked to describe the wheelchair user seating area. In order to find out how many spectators sat pitch-side and how many sat higher up in the stands the spectators were asked about their usual seating area within their 'home' stadia. Those spectators who were season ticket holders described their allocated seat; those who were not season ticket holders described their preferred seat, or preferred stand in their 'home' stadia. However, two of the spectators did not have a 'home' stadia as such, therefore the positioning and location of the wheelchair user seating varied. Table 6.16 shows the range of responses.

Table 6.16 Wheelchair user seating area: Spectator descriptions

Spectators initial description of the wheelchair user seating area	No. of spectators cited
Poor or blocked sightlines hamper viewing	13
Companion seat is adjacent to the wheelchair user	11
Usually sit half way up the stand or in a higher tier	10
Companion seat is not adjacent to the wheelchair user	9
Usually sit pitch-side	8
Unobstructed view from seat	7
Wheelchair bays too small to accommodate large wheelchair	4
Sometimes sit pitch-side, sometimes sit higher up in the stands	2

Some common themes emerged from the spectators' initial descriptions of the seating, these were: (i) The view; (ii) where their companion was located; and, (iii) the size of the wheelchair space.

The spectators were asked if there was anything that accommodated them particularly well about the seating and there were several responses. The most popular were: (i) Locating the companion seat alongside the wheelchair user (seven responses) and having an unobstructed view (seven responses). The location of the seat and having helpful and friendly stewards were next in terms of popularity, as shown in Table 6.17. One spectator said that he found having a display board showing the score and action replays was useful in the wheelchair user seating area.

Table 6.17 Wheelchair user seating area: Descriptions of what is accommodating

Description of what is accommodating/makes it easier	No. of spectators cited
Companion seat is adjacent to the wheelchair user	7
Unobstructed view from seat	7
Location of seat (view of action, close to amenities)	4
Helpful stewards and stadium staff	3
Sitting with your own fans at an 'away' stadia	2
Spacious wheelchair user viewing area	2
Seating is elevated	2
Nothing makes it easier!	2

[Season ticket holder]

The wheelchair bays are next to the companion seats, so we can sit together. My dad sits right next to me. We love that, if the team score a goal, we can celebrate together. Having someone right next to you to help you out in case you get into difficulty is reassuring (S19, 2016).

[Season ticket holder]

Everyone has their own space, no-one parks in my space and I've got a seat for someone next to me ……….Great location, between the corner and the goal and my view is not obstructed, apart from people walking past, which is a bit annoying when the game is on (S7, 2016).

Where the wheelchair user's companion was located also featured in the spectators' responses as to what they found problematic with the seating for wheelchair users.

> *Sometimes my carer has to sit behind and you have to really shout a bit for them to hear you. You have to shout their name a few times before they respond* (S8, 2016).

However, the issue that spectators raised the most was poor or obstructed sightlines that made viewing difficult.

> *When people in front are stood up, you can't see very well. We complained years ago that the club had designed it all wrong. The platform should be raised higher and they should do something about that* (S11, 2016).

A summary of these responses is shown in Table 6.18. Other descriptions of barriers faced in the wheelchair user seating area, cited by individual spectators were: Wheelchair bays were not big enough to accommodate a large wheelchair; there was no shelter from the weather; the layout and space prevented conversation with other wheelchair users; and, the location of storage for mobility scooters directly in front of wheelchair users hampered movement. One spectator said they had not encountered any barriers.

Table 6.18 Wheelchair user seating area: Descriptions of barriers faced

Description of barriers faced/what is problematic	No. of spectators cited
Poor or blocked sightlines hamper viewing	10
Companion seat is not adjacent to the wheelchair user	5
Family and friends have to sit in another area	5
Poor or inadequate stewarding	3

6.3.7 Toilet facilities for wheelchair users

The participants were asked to describe the toilet facilities for wheelchair users in the stadium and their responses are shown in Table 6.19. The spectators spoke about the number, size, location, cleanliness and exclusiveness of the accessible toilets, which correlates with previous research on accessible toilet provision (Hanson, Bichard & Greed, 2007; Bichard, 2015). Six of the participants reported that the accessible toilet cubicles were not spacious enough to accommodate their wheelchairs. Hanson et al (2007) note that the current size of the accessible cubicle may only be suitable for wheelchair users who have a standard manual wheelchair and hence does not offer enough space for larger powerchairs. "Since the accessible toilet was first introduced

in the 1970s, wheelchair design has improved to enable many more people to live independently, but toilet design has not kept pace with these changes" (Hanson et al, 2007, p.23).

Table 6.19 Accessible toilet facilities for wheelchair users: Spectator descriptions

Spectators initial descriptions of the accessible toilet facilities	No. of spectators cited
Accessible toilets are not spacious enough for wheelchair users	6
'Changing Places' toilet provided	5
Located close to the wheelchair user seating	4
Gaining access can be difficult in terms of crowds, distance	3
Do not use the stadium toilet facilities	3
Good number of accessible toilets available	2
Not enough accessible toilets available	2
Good standard of cleanliness	2
Non-disabled people use the accessible toilets	2

It can be argued that the desire for exclusiveness in accessible toilet provision in stadia can conflict with an inclusive approach. There is a degree of tension in this issue, which will continue unless all toilets designed for use by the public are accessible as standard and provided in sufficient number. BS 8300 implies that when accessible toilets are provided, their use is limited to those who require the space and facilities they offer and therefore are not made generally available to members of the public. But as Bichard, (2015, p.125) argues, "In creating a certain ambiguity of use, the guidance frames the issue of whether disabled people have exclusive or priority use of the accessible cubicle to one of management and not a legislative issue".

Additionally one spectator described the poor state of cleanliness and one spectator mentioned that a 'Changing Places' toilet facility was not provided. Significantly, five of the spectators stated the importance of providing a Changing Places toilet facility, even if they did not use the facility themselves.

The toilets, you know they accommodate you, especially now with the 'Changing Places' toilet. I've seen it and it is really spacious (S1, 2016)*.*

This was also reflected in the responses to what makes the toilet facilities easier to use. Six spectators described the provision of a 'Changing Places' facility in the stadium as making a significant difference.

> *Because now we've got the Changing Places. That is just amazing…. the hoist and the bench. That definitely makes it far easier. You don't have to worry now when you go to the match* (S2, 2016).

Other factors that made toilet facilities in stadia easier to use were space, size, number, location, whether they were operated by a RADAR key and the presence of stewards, as shown in Table 6.20. The presence of stewards and having accessible lockable toilets were described as important factors in preventing non-disabled spectators from using them.

> *All the toilets in the stadium have RADAR keys now which is a lot better because people were just going in and using them even though they weren't disabled. They would get really messy and then you would have to wheel through all the mess and wash your hands before you had even used the toilet* (S20, 2016).

Table 6.20 Toilet facilities: Descriptions of what makes using them easier

Description of what makes using the toilet facilities easier	No. of spectators cited
'Changing Places' facility/toilet with a hoist provided	6
Working RADAR locks on the cubicle doors	6
Having a steward on duty by the accessible toilet	4
Having the space to move around inside	4
Located close to the wheelchair user seating	3
Do not use the stadium toilet facilities	3
Having plenty of toilets available	2

The participants reported that non-disabled people were using the accessible toilets, but it seemed that initially it was the absence of a wheelchair that had led them to make an assumption about the individual. Consequently, non-wheelchair users queuing for the accessible toilet cubicle, who did not appear to have an obvious visible disability, or who did not possess a RADAR key were viewed as non-disabled. In terms of inclusive design, the politics of locking an accessible toilet and hence denying access has been discussed in other research (Hanson et al., 2007). "This problem is particularly acute in respect of toilets locked as part of the RADAR scheme, as many people who may require the assistance provided in the accessible toilet but who do

not 'look disabled' might be subject to verbal abuse on using the accessible facilities" (Bichard, 2015, p.268). There will inevitability be tension in this issue, unless all public toilets are accessible as standard, as highlighted by this PhD research.

Other descriptions of what makes the toilet facilities easier to use, cited by individual spectators were: having wide enough cubicle doors; maintaining a good standard of cleanliness; ensuring a warm environment inside the cubicle; and one spectator stated that nothing made the toilet facilities easier to use

When asked what makes the toilet facilities problematic to use, in many cases the spectators quoted the opposite of what made them easy to use. For example, having a toilet operated by a RADAR key made the toilets more accessible, but if this was not the case, then it became a barrier.

> *It does not have a RADAR lock, so you need a steward to stop other fans from using it …when he's not there you have to wait to use the toilet as able bodied fans use it all the time. The disabled toilet is far too small and there is also a stanchion near the door which makes it very hard to get in* (S12, 2016).

Likewise, size, number and location of toilets featured in what made using the facilities more difficult, as can be seen in Table 6.21.

Table 6.21 Toilet facilities: Descriptions of barriers faced

Description of barriers faced/what is problematic	No. of spectators cited
Too small, not enough space for wheelchair	8
Non-disabled people use the accessible toilets	6
No barriers encountered	3
Do not use the stadium toilets	3
Poor standard of cleanliness	2
Changing Places toilet located at other end of stadium	2

> *There never seems to be enough space in them and sometimes the drop down rails don't help because they are so close, they are in the way. It's a bit of 'one size fits all'….I suppose some things can be done with assistance, but you should be able to do these things independently* (S6, 2016).

The findings reported in Table 6.21 align themselves with the wider research of accessible toilet provision (Hanson, Bichard & Greed, 2007; Bichard, 2015). In terms of accessible toilet cubicles being too small, to comply with BS 8300 (BSI, 2009) the minimum dimensions should be 2200mm deep by 1500mm wide. However, as previously discussed, these dimensions may not be sufficient for users of large power-assisted wheelchairs (Hanson et al, 2007). The general cleanliness of the cubicles was associated with whether or not the toilets were lockable. This was acknowledged by Bichard (2015, p.344) as "contributing to a sense of security that the toilets were being cared for", which was also borne out by this PhD research.

Other descriptions of what is problematic about using the toilet facilities, cited by individual spectators were: That there was no steward available close to the toilets; that there were not enough accessible toilets; the toilet seat was too low; and that there was a difficult layout inside toilet cubicle.

6.3.8 Concession facilities for wheelchair users

The participants were asked to describe the concession facilities for wheelchair users, that is, the area where food or refreshments are usually sold, usually located in or near the main concourse in the stadium. In their descriptions, the spectators referred to avoiding these areas because of the crowds and spoke of these areas as being the domain of non-disabled spectators. The difficulty in getting served, or the perceived difficulty, was largely focussed on whether the concession stands had lowered counters available or not.

> *There aren't any low level counters at the refreshment areas, so I am unable to buy a drink before the game* (S5, 2016).

> *Well they're an absolute pain to get to in a wheelchair, the eats and drinks areas, you kind of avoid them if you can. I know you've got the low wheelchair counter, but other people just line up there anyway* (S3, 2016).

One spectator said he was unable to describe the concession facilities because there were none located where he sat, (a wheelchair platform isolated from the rest of the stand).

> *They don't exist where we sit! There is nowhere for us to go and buy drinks and food or even have a pint because there are no facilities there. I mean disabled*

> *people are supposed to be treated the same as everyone else aren't they?* (S19, 2016)*.*

When responding to the question regarding what makes the concession areas more accessible, notably nine of the spectators said that nothing made it easier. However five spectators described a service offered by the club where food and drink orders were taken and delivered back to them in their seats, as shown in Table 6.22.

> *Just before half time, the stewards will come and ask you if you want anything to eat or drink. You give them the money and they'll go and get it and bring it back for you. That's one thing the club introduced which is great* (S11, 2016)*.*

Other descriptions of what makes using the concession facilities easier, cited by individual spectators were: Having a lower counter and dedicated queue for disabled people; arriving at the stadium very early, before the crowds; and, having a steward who assists the wheelchair users at the lowered counter.

Table 6.22 Concession facilities: Descriptions of what makes using them easier

Description of what makes using the concession facilities easier	No. of spectators cited
Nothing makes them easier to use	9
Provision of a service where steward/club staff take food/drink orders	5
A PA/companion who goes for me!	3

In terms of what makes accessing concession facilities' problematic, spectators talked about the congestion in the busy areas around the concession stands and their concerns for their own safety when in these areas.

> *It is only a matter of time before a disabled supporter is hurt or sustains damage from struggling to get a programme or a drink. Usually the kiosks on the concourse are so crowded that we just don't bother* (S4, 2016)*.*

There were also concerns about the lack of lowered counters and that, where lowered counters had been provided, they were being used by non-disabled spectators. Seven spectators reported not using the concession facilities because of the difficulties encountered, as can be seen in Table 6.23.

> *You just can't get to them in a wheelchair. Only one of them has a lower counter and there's no-one there to control who uses it. There is no way I could get a hot drink from a high counter because I'd end up wearing it!* (S20, 2016).

One spectator described having no concession facilities available where he sat in the stand.

Table 6.23 Concession facilities: Descriptions of barriers faced

Description of barriers faced/what is problematic	No. of spectators cited
Crowds/congestion around concession facilities	13
Do not use concession facilities	7
Counters all too high/No lowered counters provided	5
Only one/Not enough lowered counters available	4
Non-disabled spectators using lowered counters	4
Poorly trained staff working on concession stands	2
No management or organisation of the queue	2

6.3.9 Leaving the stadium

The participants were asked to describe how they left the stadium and they recounted the journey from their seat back to their transport (or home, in one case). They discussed how they timed their departure from the stadium. 12 spectators said that they usually waited until the end before leaving; five spectators said that they left a few minutes earlier to avoid the crowds; and, three spectators said that they stayed behind afterwards and waited until it was less busy, as shown in Table 6.24.

> *I always stay till the final whistle. I go back the same route that I came, but obviously it is slower because there are so many people milling about* (S10, 2016).

> *We always leave before the end of the game, usually a few minutes before the final whistle because we don't like getting caught in that crowd* (S18, 2016).

> *I stay behind after the game and let a few people go* (S9, 2016).

Table 6.24 Leaving the stadium: Preferred time to exit

Spectator descriptions: Preferred time to exit the stadium	No. of spectators cited
Stay until the end and leave with everyone else	12
Leave before the end to avoid the crowds	5
Stay behind afterwards to let the crowds disperse	3

When describing what makes leaving the stadium safer or more comfortable, five spectators said that they felt safer when stewards were monitoring the crowd movement. However, five spectators described what *would* make leaving the stadium safer, as opposed to what *does* make leaving the stadium safer, as can be seen in Table 6.25. One spectator found that being passengers on public transport were very accommodating to him and this made leaving the stadium easier.

Another spectator was in a unique position in that he lived 15 minutes from the stadium and so was able to travel there and back in his power chair, which he said made the process of leaving the stadium more comfortable and much easier, particularly as the route was very accessible for a wheelchair user.

> *Just that I don't have any travel concerns like parking for example, or worries over transport. The route home is exactly the same as the route in, down well-maintained footpaths that are accessible with dropped kerbs and level paths* (S12, 2016).

Table 6.25 Leaving the stadium: Descriptions of what makes it easier

Description of what makes leaving the stadium easier	No. of spectators cited
Stadium staff/stewards monitoring exits and crowd movement	5
If there was a separate disabled exit/lane	5
Wait until everyone else has gone	3
Nothing makes it easier	3
Accessible pavements and walkways in area around stadium	3

In terms of what makes leaving the stadium challenging, 11 spectators reported that the huge movement of people all at once meant that they were often unseen because of their lower height. Many reported feeling unsafe when in the crowd and having people tripping over them or walking into them. A summary of the responses can be seen in Table 6.26.

> *It's the amount of people and they're all running, not taking any notice of you. Cos you stop, but they're still walking… and especially someone like me who gets a lot of pain, and bones that can break easily, you fear people knocking into you. I've had bruises on me, where people have knocked into me cos they don't watch where they're going* (S1, 2016).

Table 6.26 Leaving the stadium: Descriptions of barriers faced

Description of barriers faced/what makes it challenging	No. of spectators cited
Mass of people moving/don't notice wheelchair users	11
Not being given the option to leave at own discretion	2
Waiting alone at pick up point	2
No specific problems	2
Poor or inadequate stewarding	2
Other spectators crowding wheelchair user seating area at end	2

The participants had obvious concerns about crowd movement, particularly as they felt they were not visible as wheelchair users when they were within a large crowd. These fears of being injured, the wheelchair tipping up or damage to essential equipment, such as ventilators, were documented by Alice Wong (2016) during her interview with Sarah Blahovec, a wheelchair user and Laura Halvorson about their experiences of attending at a political rally in September 2016 in the United States. However, there is very little literature concerning crowd control and disabled people, specifically wheelchair users and this is perhaps a gap in the research literature identified by this PhD research.

Two spectators stated that, as wheelchair users, they were sometimes told when they were could leave the stadium by stewards, due to 'health & safety' concerns.

> *I went to one stadium the other week and the steward said to me, "You can either leave 10 minutes before the end or wait until 10 minutes after, due to the crowd". And I told him I would leave when I wanted to leave because I was a bit annoyed at being told when I had to leave* (S14, 2016).

Another spectator found that inadequate lift provision was a barrier to exiting the stadium and a further spectator said that having different from entry and exit points made leaving the stadium challenging.

6.3.10 Spectator commentaries: English football stadia

The participants were asked if they would like to make any further comments regarding their experiences at English football stadia. This was to provide the spectators with an opportunity to talk more generally about English football stadia, or to relate something that had occurred to them during the course of the interview. The spectators spoke about a myriad of topics related to access at English sports stadia, although for some

this experience was confined to their home stadium and the English national stadium, Wembley.

> *It's just a shame that we don't get to go to many other grounds. The only other ground I've been to is Wembley, but that was just a joke because there wasn't even a hoist in the Changing Places toilet* (S3, 2016).

The responses were divided into experiences that had a positive impact and those experiences which had a negative impact on the spectators' accessing football stadia. Overall the spectators reported positive experiences less than they reported negative experiences. From a positive perspective, respondents described helpful stewards and unobstructed views from seats, as can be seen in Table 6.27.

Table 6.27 Positive impact: Spectators experiences of English football stadia

Positive spectator experiences of visiting English football stadia	No. of spectators cited
Helpful and informed stewards/club staff	2
Clear, unobstructed view from seat	2
Stadia have improved access over the years	2

> *There was one away game when I went with my mum and it was pouring with rain. And the stewards, good enough, they got me a fleece waterproof cover for my legs* (S20, 2016).

> *I've been to Wembley three times and the view from the seat has been great…you get a really good view. So I think they have got that right* (S7, 2016).

Other descriptions of positive experiences, related by individual spectators were: Wheelchair accessible coaches were available (where passenger remains in wheelchair), easing transport concerns; the provision of a service where stewards deliver food and drink orders; when the coach drop off and pick up points is right outside the ground; when the PA/companion sits next to wheelchair user; and when the club consulted with disabled spectators.

Notably, two spectators also said that they thought that stadia has improved over the years, although there were spectators who took another view.

> *It's improved over the years enormously. I remember when I first started going to football matches and you were just plonked at the side of the pitch!* (S15, 2016).

> *I have been visiting football grounds in the Premier League for many years and things have not really changed that much in that time* (S5, 2016).

With regard to negative experiences, the most frequently reported were that stadia provided too few wheelchair bays; the toilet facilities were poor; that stewards were unhelpful; and that wheelchair users who were away supporters were seated with the opposition supporters. A summary of these responses can be found in Table 6.28.

Table 6.28 Negative impact: Spectators experiences of English football stadia

Negative spectator experiences of visiting English football stadia	No. of spectators cited
Stadium not reached the minimum quota of wheelchair bays	8
Problems with accessing the toilet facilities	7
Inexperienced/unhelpful stewarding	4
Wheelchair users who are away team supporters are located with home fans	4
Obstructed view from seat	2
Stadia design features which restrict movement/are unsafe	2

> *I use the website Level Playing Field to find out information about away stadia … if it says you have to sit with the home fans then I don't go to that stadium* (S16, 2016).

> *It's just that most clubs are not up to the quota of wheelchair spaces that they should be. There should be more spaces for wheelchair users…the number of bays does not meet demand* (S19, 2016).

Other descriptions of negative experiences, related by individual spectators were: Season tickets are not available for wheelchair users; fears regarding travel/transport; lack of accessible stadia parking; the PA/companion has to sit behind; lift provision does not cope with demand; stadia are not very family friendly places if you are a wheelchair user; and lack of internet access inside stadium.

The primary data generated by the interviews with spectators who are wheelchair users presented above encapsulates their experiences of accessing, or trying to access English sports stadia. Significantly, these results support the findings of the Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) 2015 survey with disabled supporters, with both sets of data producing similar responses from disabled spectators. The two sets of data explored the extent to which the existing design of sports stadia in England meets the needs of disabled spectators, which was one of the key objectives of this PhD research. This concludes the presentation of results with regard to the spectator experience.

6.4   Meaningful provision for spectators who are wheelchair users

The findings presented here look at all accessibility issues faced by the 20 spectators interviewed as part of this PhD research, including physical, attitudinal, management and operational issues. Throughout the chapter, the British social model of disability, as defined by Oliver (1996) is adopted which maintains that it is social, attitudinal and environmental barriers that disable people. The 20 spectators who took part in the semi-structured interviews were asked to comment on their experiences of accessing football stadia, with questions structured around key stages in their journey cycle. The interview data suggested that whilst many positive steps had been taken across English football stadia to enhance accessibility, stadia still did not fully follow inclusive design principles. Levels of accessibility differed across stadia and also within stadia.

The qualitative data collected are thematically presented with five sub-sections detailing the 20 participants' experiences, as recounted during the interviews. The themes that emerged from the empirical data have been organised into the following five key areas:

1. External barriers to accessing stadia
2. Internal barriers to accessing stadia
3. Management and operational issues
4. Staff training and 'awareness' of disability
5. Commitment of clubs to the inclusion of wheelchair users

6.4.1 External barriers to accessing stadia

<u>Accessible parking</u>

Participants' responses showed that 17 used cars/vehicles to travel to their home stadium and 10 used cars/vehicles when travelling to away stadia. The car users reported experiencing difficulties in finding suitable parking at some stage and suggested that football stadia should provide more accessible parking bays

> *Even with a parking permit you can hardly ever park in a disabled bay because there are so few available* (S18, 2016).

Four participants reported that accessible parking bays were often used by people in vehicles that did not display blue badges, including vehicles used by the club or media outlets as illustrated in Figures 6.1 and 6.2 (Researchers own).

Figure 6.1 Accessible parking bay used by media vehicle in stadium car park
(Researchers own)

Figure 6.2 Accessible parking bay used by non-blue badge holders in stadium car park (Researchers own)

However, two spectators who travelled to their home stadium by car reported that their football club provided enough accessible parking spaces adjacent to the stadium, which were free for wheelchair users.

> *The club have their own disabled car park, which is right in front of the stadium and you don't have to pay for it* (S16, 2016).

Approach routes

The route that spectators took to approach the stadium was described as 'difficult' by eight participants in the study. Participants' responses revealed several concerns regarding the approach route to the stadium entrance. The three main factors that impacted on their approach and entry to the stadium were (i) smooth and level footpaths, without steep gradients; (ii) appropriate wayfinding and (iii) the availability of stewards to assist, as detailed in the following summary from the interview transcripts:

> *The stadium car park is very uneven and you nearly get bounced out of your wheelchair. The pavements are not smooth and the kerbs are quite high as well* (S1, 2016).
>
> *The pavements have broken flags and I have to travel on a main road, because up and down the kerbs and trying to get along on the pavements is a nightmare* (S2, 2016).
>
> *Getting to some grounds can involve going up slopes. At one ground there is a steep slope to the disabled entrance. They can be tough to find without help as some are not obvious. You need help when the entrances are not clearly signed or hidden from view* (S5, 2016).

However, where the footpaths were smooth and level and stewards were present to assist, two participants described the approach route as 'easy'.

> *You follow a path, there are dropped kerbs on approach to the stadium entrance. Next to the turnstile there is a double door and you go through there, so it's easy access for wheelchair users. There is a steward there* (S9, 2016).
>
> *The footpaths are smooth and you can follow them without any detour all the way up to the stadium. Even when you are going uphill, the footpath is smooth, all the paths are in very good condition and well maintained. I never have to go into the road and all the pavements have dropped kerbs* (S12, 2016).

6.4.2 Internal barriers to accessing stadia

As the Accessible Stadia Guide (SGSA, 2004a, p17) contends "It is mobility impairment which has the most far-reaching implications for the operators and the designers of football grounds" and this is borne out by the internal barriers identified from the interview data with the spectators who are wheelchair users. These internal barriers will be addressed in the following sections.

<u>Shortage of accessible seating for spectators who are wheelchair users</u>

A recurrent theme with regard to the wheelchair user seating area was the shortage of seating, which meant that many spectators could not purchase tickets as the wheelchair bays sold out quickly. Lack of accessible seating areas for wheelchair users was the most frequent response when participants were asked, "If you ever do not attend, is there a reason for this?"

> *You can't always get tickets. It's quite, quite rare that you will be successful every time. Because there's not enough wheelchair bays to cope with the demand* (S3, 2016).
>
> *There aren't enough wheelchair spaces* (S9, 2016).

<u>Wheelchair user seating area</u>

Of the 20 spectators who were interviewed, 10 said that they usually sat in elevated seating in one of the stands, eight said they usually sat pitch-side and another two spectators reporting that they did not have a usual seating area. The major factor for the spectators was the view from their seat, which was referred to by 17 of the 20 spectators. The most significant issue for spectators was whether their view (or sightline) was obstructed or unobstructed and of the 17 spectators who described the

view from their seat, 13 described it as obstructed at times, as can be seen in Table 6.29.

Table 6.29
Breakdown by spectator: Description of view from wheelchair seating area

Sp.	Usually location	View description	Reason given
S1	Pitch-side	Obstructed at times	Media; people walking past
S2	Pitch-side	Obstructed at times	Media; people walking past
S3	Pitch-side	Obstructed at times	Photographers
S4	Pitch-side or elevated	Did not comment	
S5	Pitch-side	Obstructed at times	Club staff, photographers
S6	Elevated seating in the stand	Unobstructed	Sits half way up stand
S7	Pitch-side	Obstructed at times	People walking past
S8	Elevated seating in the stand	Obstructed at times	Spectators in front standing
S9	Elevated seating in the stand	Obstructed at times	Spectators in front standing
S10	Pitch-side	Obstructed at times	Seat needs elevating
S11	Elevated seating in the stand	Obstructed at times	Spectators in front standing
S12	Elevated seating in the stand	Obstructed at times	Spectators in front standing
S13	Elevated seating in the stand	Obstructed at times	Spectators in front standing
S14	Elevated seating in the stand	Did not comment	
S15	Elevated seating in the stand	Unobstructed	Sits high up in stand
S16	Elevated seating in the stand	Unobstructed	Sits high up in stand
S17	Pitch-side or elevated	Did not comment	
S18	Pitch-side	Obstructed at times	Photographers
S19	Elevated seating in the stand	Unobstructed	Sightlines correct
S20	Pitch-side	Obstructed at times	Stewards, photographers

<u>Pitch-side seating</u>

Although it may be appropriate to provide pitch level viewing as well as accommodation within the stands, Accessible Stadia Guidance (SGSA, 2004a) points out that club and match-day staff, media personnel and advertising hoardings can obscure sightlines at pitch level. The guidance advises that wheelchair spaces should not be in locations where obstructions are likely to occur during an event. This can also be a problem if children or people of short stature are located in these areas and seems to be a specific issue for service (design) management. The data revealed that all eight of the spectators who usually sat pitch-side found that poor or blocked sightlines hampered their viewing, mainly due to stadia and media personnel either moving around in front of them, or sitting in front of them.

At the last game my view was blocked again by the press photographers who were sat in front of me for the whole game and stewards who walked up and

Press photographers were reported as being a particular nuisance, when located in front of wheelchair users as they were in a fixed position and would not move for the entire game, as shown in Figure 6.3 (Level Playing Field, 2016c).

There are photographers in the way blocking your view. Even when areas are cordoned off, the photographers encroach and they are a big obstruction (S18, 2016).

The photographers who sit in front of the wheelchair users, they always block my view (S3, 2016).

Figure 6.3 Pitch-side seating: View blocked by photographers and media personnel (Level Playing Field, 2016c)

Spectators said that they would tell the stewards when the photographers or media personnel blocked their view, but that they were powerless to tell them to move.

And you tell the stewards and they just say that they can't do anything (S1, 2016).

Another issue with being seated pitch-side, as reported by the spectators, was the discomfort of sitting outside when it was cold and wet, due to the lack of shelter from the weather as shown in Figure 6.4 (Lupton, 2017a).

Figure 6.4 Pitch-side seating, no protection from the weather or the ball (Lupton, 2017a).

> *I'm pitch-side and when it is raining, you can get absolutely drenched. It's quite an old stadium and it can be quite breezy at times* (S7, 2016).
>
> *At home games I'm sick of getting cold and wet during the game, cos there's no shelter from the weather* (S4, 2016).

Relating these findings back to the literature review, the spectators' testimonies correlate with the reports by the BBC (2014a; 2014b; 2014c), Level Playing Field (2014a; 2014b) and the results from the investigation by Trailblazers (2016) that much of the disabled football fans seating for wheelchair users was pitch-side, where the sightlines are often obstructed and there is no shelter from inclement weather or the ball. Furthermore, the findings from this PhD research concur with the evidence presented by Level Playing Field to the Culture, Media & Sport Accessibility of Sports Grounds inquiry into the accessibility of sports stadia (LPF, 2016e) highlighting the lack of facilities for supporters who were wheelchair users, and the written evidence submitted to the House of Lords' Select Committee on the Equality Act and Disability that inaccessible leisure facilities deny disabled people the opportunity to participate equally in society (House of Lords, 2016). The findings also support the review by the Equalities and Human Rights Commission (2017) which revealed that many football clubs had not made adequate progress in bringing their stadia up to the most basic minimum standards required by law for disabled spectators.

<u>Elevated seating</u>

Of the 20 spectators interviewed, 10 reported that they usually sat in elevated seating in the stand (with two of the spectators reporting that they sometimes sat in elevated stands). Five of the spectators who were located in these areas said that their sightlines were good. The other five said that their view was obstructed, but this time it was due to spectators in front standing up during the game. Accessible Stadia Guidance (SGSA, 2004a) states that sightlines in the stands should be such that all spectators have a clear view of the game to the edge of the pitch, unobstructed by people in front. This indicates that the provision of areas located around the stadium designated for spectators who are wheelchair users requires careful attention. Sightlines are particularly important as some wheelchair users cannot lean forwards or sideways in their seats, turn their heads or stand up to avoid having their view blocked, as shown in Figure 6.5 (Level Playing Field, 2016d).

Figure 6.5 Elevated seating: View blocked when spectators in front stand up
(Level Playing Field, 2016d)

Poor sightlines are not always immediately apparent in an empty stadium, as summarised in the following interview extract.

> *When the stadium is empty the wheelchair user seating area looks like it is in an ideal location with good sightlines to the pitch, but there are seats directly in front. The seats themselves are low enough to cause no viewing restriction but as with nearly all football stadia….wheelchair users cannot see the game because people stand throughout the entirety of the match. Despite stewards sympathising when this happens, they don't make any attempt to get them to sit down* (S12, 2016).

For both pitch-side and elevated seating, four of the spectators said that the size of the wheelchair bay provided was not big enough to accommodate their wheelchair (these spectators did not use standard manual wheelchairs).

> *Some places aren't too bad, but some wheelchair places it's a bit of a squeeze to get your wheelchair in. The space is a bit cramped* (S8, 2016).

Location of companion seat

Another factor raised by participants was the location of their companion seat, which should be at the side of the wheelchair user according to the Green Guide (DCMS, 2008). For the 11 participants the companion seat was located alongside the wheelchair bay, as shown in Figure 6.6 (Researchers own).

Figure 6.6 Companion seat located next to wheelchair user (Researchers own)

> *There's plenty of room for me and the person who has come with me. Usually there is a wheelchair space and then two seats next to it for a companion, and then another wheelchair space* (S17, 2016).

However, for the remaining participants, the location of the companion seat elsewhere was a significant problem, as the following extracts from the interview transcripts highlight.

> *It would be better if you could have the PA seat at the side of the wheelchair bay because I need things doing, like help with blowing my nose or I want a drink. I can't hold a drink, so you need to have them next to you* (S2, 2016).
>
> *There are a few stadia that I've been to where there isn't a seat for the assistant and they have had to stand the whole time. There are also a couple of places where the seat is behind so if I wanted anything they couldn't hear me….It is a lot easier when the person is sat next to you* (S10, 2016).

Figure 6.7 (Researchers own) shows an English football stadium where there is not a seat provided for the companion to the wheelchair user and they have to stand throughout the match.

Figure 6.7 No seating provided for the companion to the wheelchair user
(Researchers own)

The Accessible Stadia Guide (SGSA, 2004a) advises that wheelchair spaces should be provided in pairs and always adjacent to fixed seating for companions. Those spectators who were able to sit next to their companion reported a more inclusive experience.

Away supporters located with home fans

One of the more concerning aspects for the spectators who were interviewed was when they had to sit with the home supporters when visiting away stadia. There are

rules that exist within football around segregated seating, but in some stadia these rules did not apply if you were a wheelchair user, as the following interview extracts demonstrate.

> *At one club we had to sit with the home fans. We were hounded with abuse and had things thrown at us. I mean it's wrong swearing and throwing things at anyone anyway, but at disabled people as well, in a wheelchair. Getting called names, getting things thrown at you, you don't pay for your ticket for that* (S1, 2016).
>
> *We should sit with the rest of the away supporters, not the home crowd. I want to be in the same stand as the rest of the away supporters. I shouldn't be treated differently. Celebrating goals is not the same …you just feel so separate, yeah and vulnerable. It's not a nice feeling* (S5, 2016).

Spectators who are wheelchair users did not think it was acceptable for home and away fans to sit together just because they were in a wheelchair. Four of the spectators who attended away stadia said they would not attend if they could not sit with their own fans, due to: (i) Fears for their safety; and (ii) the tribal nature of football fandom, where fans naturally want to be with other supporters who support the same team, as shown in Figure 6.8 (Lupton, 2017b).

Figure 6.8 Away spectators who are wheelchair users located with home fans
(Lupton, 2017b)

<u>Toilet facilities</u>

Many of the positive comments from spectators were about the provision of a 'Changing Places' toilet facility in English football stadia. To use the toilet in safety and comfort, many people need to be able to access a Changing Places facility, which has more space and appropriate equipment, including a height adjustable changing bench and a hoist. At stadia where these were provided, spectators said they made a huge difference to how welcoming and accessible the stadia was for them.

> *Every club should have a 'Changing Places' toilet, because I've used them a couple of times and they are great and have plenty of room* (S12, 2016).

Figure 6.9 (Researchers own) shows a 'Changing Places' toilet facility provided in an English football stadium.

Figure 6.9 'Changing Places' toilet facility provided in an English football stadium
(Researchers own)

For accessible toilets in general, spectators reported that the following areas were critical to how usable the toilets were for them:

1. Space and size of the cubicle
2. Proximity to the wheelchair user seating area
3. Adequate number of toilets

4. Level of cleanliness
5. Operated by a RADAR key
6. Having stadia personnel to monitor the use of the toilets

Two of the spectators also mentioned that they would prefer it if stadia offered a choice of right-hand and left-hand transfer toilets. As recommended in BS 8300 (British Standards Institution (BSI), 2009), where more than one WC compartment for wheelchair users is available, both left and right handed transfer layouts should be provided. It is further recommended that signs on the doors should indicate which is which and this was also requested by the spectators, both of whom could only use right-hand transfer layouts.

Significantly, during the interviews, spectators reported having to make decisions when within stadia, which at times could be stressful, or have an impact on their enjoyment. This was particularly the case for spectators when deciding whether or not to use the toilet facilities, as the following interview extracts demonstrate.

> *It just takes so long to get there and then to get back to the disabled seating area, so I'd just rather not do it. The amount of time it takes you, you would miss part of the game. Because it's so difficult, you end up not having a drink or something to eat like everyone else, you just watch the game and that's it. And sometimes, because you have to get to the stadium so early, you end up having nothing to eat or drink for most of the day* (S13, 2016).

> *I always think that I can't have anything to eat or drink because then you're worrying about the next stage. Travelling round to the toilets and vice versa* (S9, 2016).

Comparison of data: Male/female spectators

An interesting finding to emerge from the responses to questions about stadium toilet facilities was that the data showed a variance between male and female spectators. The five female spectators all used the stadium toilet facilities, including two who used their home stadium's 'Changing Places' facility. However, of the 15 male spectators, only 10 reported using the stadia toilet facilities in their home stadium, including one who used his home stadium's 'Changing Places' facility.

Two of the five males who did not utilise the WC itself said they brought their own equipment with them, which they used within a toilet cubicle, whilst the other three stated that they did not visit the stadium toilet facilities at all.

> *There's no reason, I just don't use them at all at the ground. At Wembley I did use the toilet though* (S18, 2016).
>
> *Well, I don't really use them myself* (S19, 2016).
>
> *Well to be honest, I don't use the disabled toilets* (S7, 2016).

Whilst the responses confirmed that providing accessible toilets was essential to both male and female spectators who used these facilities, the interview data revealed that the five female spectators described the toilet facilities in slightly more detail than the male spectators who used them. Furthermore, the female spectators seemed to place a higher importance on the availability and usability of these facilities, as the following extracts from the interview transcripts show.

> *The cleanliness of the toilets is a big issue for me and when they are used by other people they are generally unclean. The other issue is space. They always seem to have a low seat as well, which makes them difficult to get on and off. They have pedal bins in there, how are you going to press a pedal bin to open it? That's frustrating! In a disabled toilet you would think that people would put two and two together, but no. The soap dispenser is always really high for some reason, yet the wash basin is low I find. It's so low it knocks on your knees, it's not seated height* (S14, 2016).
>
> *At my ground the disabled toilets are appalling. You have to fight your way into a tiny toilet with no room to move. There are simple things that need doing such as attaching working locks to the cubicle doors and ensuring that there are stewards on hand to assist in keeping non-disabled supporters from using the toilets* (S4, 2016).
>
> *All the toilets at my ground have RADAR keys now which is a lot better because people were just going in and using them, even though they weren't disabled. They would get really messy and then you would have to wheel through all the mess and wash your hands before you had even used the toilet* (S20, 2016).

It is important to note that the misuse of toilets by non-disabled spectators was the perception of the wheelchair users who took part in this research and as such it is accepted that these statements highlight the perceived 'ownership' of space by one user group. Although accessible toilets were provided in football stadia designed to meet the needs of wheelchair users, the number, location, size, space, design, layout,

level of cleanliness and availability caused the spectators access issues (Hanson, Bichard & Greed, 2007; Bichard, 2015). Both male and female spectators referred to an insufficient number of accessible toilets, even when stadia met the minimum requirements (BSI, 2009) and placed importance on the location (distance from the accessible seating area) and size of the toilet cubicles. Deterioration in the level of cleanliness of the accessible toilets was often associated with misuse by non-disabled spectators and it is apparent that there was some intolerance of those who are perceived to be non-disabled as the following quotes from female spectators indicate.

At half time you cannot access the toilets at all, and even if you can you have to queue as the toilets are being used by non-disabled fans all the time (S4, 2016).

You see people queuing to go inside the disabled toilet because they can't be bothered waiting in the other queues. Whenever I see that, I just go to the front of the queue because I don't have the option of another toilet. And if people say I've jumped the queue I say, "Well, I don't have the luxury of going to 10 other toilets, so I am not going to wait" (S14, 2016).

At the match the other day, there was a man who was able-bodied, but he had a plastic boot on his foot. And he asked the steward to unlock the disabled toilet for him. And I said "He is not disabled. Having a plastic boot on your foot does not constitute disability". When are people going to get over this? And the lad that was with him said "Yeah, but it's cleaner than going to the men's!" It's all very well and good saying it's easier for him, but someone who really needs that toilet has got to wait. And he could mess up the toilet in the meantime, so I told him to go to the other toilets (S20, 2016).

However, this would seem to be an issue in public spaces and other studies have observed similar findings in aspects of the built environment. Bromley, Matthews & Thomas (2007) found that 'people on pavements' were considered 'major' or 'prohibitive' obstacles by 69% of the wheelchair users they interviewed. Furthermore, pedestrian activity in the city centre was also "an important determinant of ease of movement. Crowded pavements present a major challenge to over half of wheelchair users (55%)" (Bromley et al, 2007, p.6). Although planners can respond to this problem by attempting to ensure that pavements are sufficiently wide and pedestrian activity is spread across as wide an area as possible, this can lead to increased use and as such does not alleviate the congestion or the conflict between wheelchair users and pedestrians. Hanson, Bichard & Greed (2007) noted the conflict between users of accessible toilets, (i) those with visible disabilities and those with hidden

disabilities, perceived by the former group as 'able-bodied', but also (ii) conflict with the use of accessible toilets for baby-changing, which can mean that the accessible toilet is engaged for a considerable time. This 'ownership' issue is furthered by the focus on wheelchair users in BS 8300 (BSI, 2009) guidelines on toilets. As Bichard (2015, p.379) attests "the rights of access this design promotes is at the exclusion of others whose disability is 'invisible' but who may also require the accompanying adaptations the cubicle provides, generating concepts of 'ownership' that dictate who is permitted to use the accessible facility".

Of the three spectators who regularly used the 'Changing Places' toilet facility, two of them were female. The two female spectators who needed a 'Changing Places' toilet facility described this as being essential to the provision of an accessible stadium and to their enjoyment and relaxation whilst inside the stadium.

> *Once they got that 'Changing Places' facility in, with the hoist, it was just so much more relaxing and a much more pleasant experience. Because I wasn't panicking thinking that I couldn't have a drink in case I needed to toilet. I mean, if you have got a three o'clock kick-off, we'd have to leave by half past one. And then it finishes at five o'clock, so by the time I get home it is after six o'clock. So you think of all them hours that I had to sit without using the bathroom, you know, it's cruel, it's abusive. So having that 'Changing Places' is the best thing ever* (S2, 2016).

However, the data suggests that it is not just the availability of a 'Changing Places' toilet facility, but how its use is managed and operated on a match-day, as this can make all the difference to the spectators who need them. For example, one female spectator found that using the 'Changing Places' facility was hampered by the inflexible attitude of stadium staff.

> *The disabled toilet with the hoist in it is downstairs so we got there early so I could use it before going up to our seats. The stadium staff wouldn't let anybody in until one o'clock... But when it got to one o'clock they wouldn't let my son come through to the bathroom area with me and my PA. He had to wait outside the stadium with the security people on his own and he was petrified* (S15, 2016).

Concession facilities

Seven of the spectators said that they avoided using the concession facilities due the large crowds present on the concourse and the congestion around the concession areas in particular. Those that did visit the concession facilities tended to go when the

area was quieter, either on the way in to the stadium or on the way out, or they asked their companion to go and purchase something for them.

> *Sometimes I go on to the concourse area on the way in or going out, but it's usually very crowded so I prefer someone else to go for me and get something* (S8, 2016).

Five of the spectators reported that there were a lack of lowered counters in stadia, which was an issue for them as wheelchair users. Consequently, they tended not to go into these areas on their own.

> *They're a nightmare…the counter is too high up and I'm saying, "Hello, I'm down here". I usually don't go on my own* (S14, 2016).

Five of the spectators reported a positive 'reasonable adjustment' that had been made by their football club, whereby food and drink orders were taken at the wheelchair users seating area and delivered to them at half time.

> *There's a lady who comes around the wheelchair area and offers to go and get us refreshments, which is quite handy because it saves your PA going* (S15, 2016).

6.4.3 Management and operational issues

Another finding to emerge from the empirical data is the importance of how stadia are managed and operated, which has a significant impact on spectators who are wheelchair users when planning attendance, purchasing tickets and throughout their entire journey cycle. Policies, practices and procedures: (i) Inform how ticket sales are managed; (ii) defines the roles of the staff responsible for operational issues; and (iii) determines how this is marketed and communicated to spectators. This is borne out by one of the key stakeholders, a local authority access officer, who confirms that:

> *Accessibility is not just physical access to the stadium, it goes much deeper into how those services are managed, what the club's policies are and how staff are trained to deal with things* (Local Authority access officer, planning, 2017).

<u>Planning attendance</u>

It was evident from the participants' responses that, as wheelchair users, they spent a great deal of time in planning their attendance, or potential attendance, at a stadium.

When planning attendance, telephone was the primary method used by the participants in this study, as shown in Table 6.30.

Table 6.30 Breakdown by spectator: Contact method when planning attendance

Spectator	Primary contact method	Secondary method
S1	Telephone	Occasionally email
S2	Telephone	
S3	Telephone	E-mail
S4	Telephone	
S5	Telephone	E-mail
S6	Telephone	
S7	Telephone	
S8	Telephone	
S9	Telephone	
S10	Level Playing Field website	Telephone
S11	Telephone	Club website
S12	In person	
S13	Telephone	Internet
S14	Telephone	E-mail
S15	Telephone	E-mail
S16	Telephone	E-mail
S17	E-mail	
S18	Telephone	E-mail
S19	Telephone	E-mail
S20	Telephone	In person

Participants cited several reasons why telephone was the primary method of contact they employed when planning attendance. Speaking to someone who was knowledgeable and/or helpful was described by spectators as reassuring and the ease of making a telephone call in order to speak to someone was also mentioned, as the following extracts from the interview transcripts demonstrate.

You can speak to someone who knows the ground (S6, 2016);

Telephone is fairly straightforward (S8, 2016);

The staff are pretty good on the 'phone (S11, 2016);

You can speak to somebody who is helpful (S15, 2016);

They have a Disability Liaison Officer who is very helpful on the 'phone (S16, 2016);

It means you can develop a relationship with the people you deal with (S18, 2016);

Once you get through they are really helpful (S19, 2016).

When purchasing tickets, telephone was again the primary method used by spectators, although those who were Season Ticket Holders (a season ticket provides the holder with a seat for all of the club's home league games, and also gives the holder priority for cup match tickets, and away match tickets) were usually contacted by the club in the first instance. However, Season Ticket Holders also used the telephone when trying to purchase away fixture tickets and cup match tickets.

In terms of what made this process easier, there was a variance in the responses, with some spectators describing what *would* make it easier, as opposed to what *did* make it easier. In these instances the participants argued for an online booking facility (as available to non-disabled spectators), which would mean they did not have to use the telephone.

> *The problem of trying to get through on a telephone line is because there's no online booking available. If you could book online that would be easier* (S14, 2016).

Some participants stated that nothing made the process of purchasing tickets easier, whilst others described an easier process for Season Ticket Holders or for those who could register their details, as the following summary of the interview transcripts illustrate:

> *Easier process if you are a Season Ticket Holder* (S4, S7, S10, S11);
>
> *Nothing makes it easier* (S1, S15, S20);
>
> *The registration scheme helps because they already have your details* (S14, S16, S17);
>
> *Being able to speak to someone at the venue* (S6, S8);
>
> *Club arranging so that family members can sit nearby* (S18); and
>
> *That the carer goes free with the wheelchair user. You need someone to support you* (S9).

All the participants reported encountering barriers when trying to purchase tickets, notably the lack of options available for spectators who are wheelchair users, either problems with the telephone ticket sales process or restrictions to the supply of tickets. These emerging themes will be explored in more detail in the following sections.

Telephone ticket sales

Participants reported that there was not a facility to book tickets online, even for Season Ticket Holders who needed to renew their tickets each year. This meant that they needed to either visit the stadium in person or telephone the ticket office in order to purchase tickets. As the majority of spectators were unable to visit the stadium in person, they had to use the telephone in order to try and purchase tickets. Poor telephone access was again reported to be a barrier, in terms of the cost of the telephone call; lack of ticket office staff available to answer the telephone; and having the call terminated after waiting on the line for a considerable time. The facility to book tickets online is relatively straightforward and is offered in other leisure areas, for example theatres, by the person joining an 'Access Register'. To join the Access Register, the name, address, e-mail address needs to be provided to the venue, along with details of access requirements or provisions that would help make the visit easier and in most cases, proof of disability (for example the award of Personal Independence Payment). Once registered online booking is facilitated by logging on to the users own personal account where these details are stored.

Participants expressed frustration at the process of booking tickets by telephone, but said they had no choice if they wanted to purchase a ticket.

> *And you'd phone and it would be engaged, and you would phone and then you'd get through, and it would say, "all our operators are busy". But phoning on a premium number, you know, it can be a couple of hours on the phone. And at one time I used to have three phones on the go, all at the same time (S2, 2016).*
>
> *When you ring the club up now you get told, 'press 1 for enquiries' and 'press 2 for tickets', but you know that whatever number you select it will only ring for a short time before you hear, 'Please try again later' and you get cut off. It is really frustrating, you can be phoning all day* (S19, 2016).

There were other barriers cited by the participants, which restricted the supply of tickets, including the lack of accessible seating for wheelchair users and problems when ticket sales were handled in a separate way from other spectators who were not wheelchair users.

<u>Restrictions in the supply of tickets</u>

Three participants reported that they had no option to purchase a ticket when they wanted to as their football club gave out free tickets to wheelchair users, which were allocated by ballot. This group of spectators were not in favour of a policy whereby football clubs gave away tickets free of charge, preferring a ticket pricing policy which offered a free ticket to the personal assistant who accompanied the wheelchair user. Providing free tickets for certain groups of disabled people looks like a charitable gesture. The empirical data does not suggest that disabled spectators have any desire for free handouts, but wanted equal access to tickets. Those that had to apply for a free ticket, said they could not complain if they had a bad experience, such as a restricted view. One spectator said he felt that his football club would never increase the number of wheelchair bays in the stadium because if they were giving away tickets then it made no financial sense for the club to provide more 'free' seats.

Some issues the participants had with this method of ticket distribution were: (i) There were no Season Tickets available for wheelchair users; (ii) they had to apply through the Disabled Supporters Association (DSA) for match tickets, which incurred a membership fee; and (iii) the rota or ballot system was not transparent and easy to understand. The following two extracts from the interviews with spectators illustrate the situation.

> *The tickets are free for me and my carer. Obviously, they're not guaranteed for every game, and you can't get on the list for a season ticket because there aren't any available. If you join the DSA, you can get a certain number allocated to you.. if you meet the criteria and have been going for years and have something like 75% attendance from last season... But it's difficult to get a 75% attendance record if you're in a ballot for every game* (S6, 2016).
>
> *If I could change one thing it would be that they make season tickets available for wheelchair users at my club, because at the moment you cannot get a season ticket if you are in a wheelchair, which is not very fair* (S16, 2016).

Being unable to purchase a Season Ticket at their football club, as these were not available to wheelchair users, was also criticised by spectators from other football clubs, who had visited away stadia where this was the practice. The complicated method for allocating tickets, the criteria for which was difficult to attain and lacked clarity, meant that some spectators questioned the fairness in allocation. Furthermore,

the allocation of free tickets could lead to club staff and volunteers adopting the tragedy/charity model of disability.

Having to join a disabled supporters association, when non-disabled supporters were not required to, prior to being eligible for tickets was also a concern and acted as a barrier. Being unable to buy tickets whenever they wanted, unlike their fellow fans was considered to be inequitable.

> *The DSA have a rota. Although I apply every year they never allocate me tickets for away games* (S7, 2016).

Another restriction in the supply of tickets cited by the participants was that the ticketing policy of the club/stadia meant that they could only sit with one other person and that this person had to be a non-wheelchair user.

> *I've got a disabled brother also in a wheelchair and it's harder to get tickets. If we are both going we need to get two wheelchair spaces instead of one and getting two wheelchair spaces together and a seat for the carer causes it to be quite difficult* (S13, 2016).
>
> *I think the ticket office staff could be a bit more understanding. Last season I did have a few people who just put down the phone on me in the end because they couldn't come up with a solution. It was a case of, "You can't sit together and that's that"* (S15, 2016).

6.4.4 Staff training and 'awareness' of disability

The Accessible Stadia Guide (SGSA, 2004a, p.67) recommends that club staff and match day stewards have training so that they are "sensitive to the needs of disabled people" and can provide a better service. The guidance further suggests that "Knowledge and familiarity with all of the stadium facilities, their location and access provision, is an essential part of this training" (SGSA, 2004a, p.67). It recommends that this training should not be confined to stewards, but that all staff involved in managing and operating services will benefit from disability and equality training. Staff training and disability awareness was an important area commented on by the spectators who were interviewed, although two spectators questioned what areas such training would include.

> *I want them to be well informed and disability-aware, but I'm very sceptical about the disability awareness training at the club anyway. Who does it and what does it involve? Is it just some able-bodied bloke ticking a few boxes?* (S6, 2016).

All the spectators recounted experiences of dealing with stadium and club staff, match day personnel and other spectators and the impact this had on their experience and enjoyment of their match day experience. These experiences will be discussed further in the next section.

<u>Stadium and club staff</u>

The importance of empathetic, well-informed and helpful stadium and club staff was one of the most significant factors to emerge from the interviews with spectators. The level of understanding, behaviour and action of stadium staff made a big contribution to how welcome, safe and comfortable the spectators felt, and this made a difference to their overall match day experience. This was particularly the case for stewards who were designated disability stewards in the areas of the stadium where the wheelchair users were seated. Accessible stadia guidance states that "stewards deployed in areas of the ground for disabled spectators [are] to have special training" (SGSA, 2004a, p.9), the findings revealed that the use of designated disability stewards was not common across all stadia.

> *I've never seen a 'disability' trained steward, but this should be widespread across all football clubs* (S13, 2016).

However, where designated disability stewards were employed, spectators reported that they had developed good relationships with them over a number of years, as the following extracts from the interviews show.

> *When we go in, on the turnstiles, there is always a guy and he makes a joke with you. So that's quite nice, that makes you feel welcomed … and at half time, if you've got a load of kids or people standing in that area in front of you, one of the stewards will come along and say to them, "You can't stand there, go back to your seat". So at half time you can still see cos you haven't got loads of people obstructing your view. It makes you feel quite comfortable there* (S7, 2016).
>
> *Well, we have known Dee, the disability steward for years and we have formed quite a good relationship with her. She knows us well and she is really good…if someone stood up in front of us, she would ask them to sit down so that we could see* (S19, 2016).

This was similar for the majority of spectators when visiting their home stadium where they had become known to staff and stewards, had established a routine and therefore felt more secure.

> *There is a steward who has been there ever since I have been going to the stadium and he will always come over and have a chat and check that you have everything you need* (S11, 2016).
>
> *In the car park they are very helpful. They recognise us and make sure we get a good parking space near the exit because they know that is where we like to park* (S16, 2016).

With regard to the experiences of spectators who visited away stadia, there were wider variances in the behaviour and level of understanding of stewards. Some spectators reported positive experiences, where the stadium staff made decisions on the match day that were of great benefit to the individual spectator.

> *Sometimes the stadium staff or the stewards have let me park my car right outside the entrance* (S8, 2016).

But on occasions the behaviour and actions of stadium staff and stewards at away stadia did not always provide visiting spectators with a welcoming, safe and comfortable experience. This was particularly evident when away team spectators who are wheelchair users were seated amongst the home fans.

> *Well we had trouble at an away ground where you sit with the home supporters. Our team scored and we started celebrating. There was nothing excessive about it. And this steward, he ran the full length of the section and he screamed in my PA's face, "Sit down or I'll throw you out". My PA said, "But we've just scored a goal". And I said, "What are you throwing him out for? He's done nothing wrong. If you throw him out that means I'll be thrown out too". And he said to me, "You shut your effing face!" So at half time we complained about the steward and he was moved to somewhere else* (S20, 2016).

In terms of disability awareness within a stadium, there are other personnel present on a match day that behave in a way that can impact on spectators who are wheelchair users. Those spectators who were located pitch-side reported that press photographers and TV cameramen did not appear to be 'disability aware' and constantly blocked their view. Some spectators found that other spectators, those who they said were not disabled, were not 'disability aware' either.

> *But the people who really annoy me are the roving cameramen and the photographers who have no respect for us….At the last game of the season, I was fuming. Everyone in wheelchairs goes forward to see the players do their lap of honour around the pitch. But one of the photographers just stood up right in front of me. I said to him, "Are you going to stay there the whole time?" And he said, "Yeah". He stood right in front of me and I couldn't see a thing* (S3, 2016).

6.4.5 Commitment of clubs to the inclusion of wheelchair users

The Accessible Stadia Guide (SGSA, 2004a) established that football clubs would have to make reasonable adjustments to overcome the barriers to access that disabled spectators face when visiting, or trying to visit football stadia. These barriers could be physical, operational or attitudinal and club management would need to make a long-term commitment to ensure that the needs of disabled spectators were met.

Significantly, none of the 20 spectators who were interviewed recalled being consulted with, or any attempt being made by the football club to engage with them. The club had not sought their participation when changes to stadium design were planned or when club policies and practices were being revised. Consequently, the findings from the interviews with spectators revealed that some spectators questioned football clubs' commitment to making stadia more accessible for wheelchair users.

> *There's nothing that makes it easier for us. Sometimes I get the feeling that the club just put the wheelchair bays anywhere. They know they have got to have the bays, but they don't really care about the location, number, size or whatever, so they just put them anywhere* (S1, 2016).

This perceived lack of commitment from football clubs meant that spectators who were wheelchair users felt that their needs had not been considered adequately from the outset. As such the provision for them was an 'afterthought' that was not fully considered in terms of access. Spectators reported that they did not always feel welcome in the stadium, particularly away stadia, whereas others described some practical problems, as the following extract from one of the interviews reveals.

> *I don't think there's any excuse for grounds not to be fully accessible. But in most places you're an afterthought. Like a disabled toilet that you drive in and it's about the width of your wheelchair and you go in but you can't shut the door behind you (*S6, 2016).

This extract highlights that the built environment has not kept up with the improved technology of wheelchairs and therefore suggests that future design recommendations need to be aware of this factor. As the dimensions of wheelchairs change over time, it is recommended that consultation with wheelchair developers and designers takes place to see how the dimensions provided for wheelchair bays, accessible toilets and circulation routes might need to be improved to accommodate wheelchair users.

An important and necessary step for football clubs to take, in order to demonstrate an intention to improve facilities and show a commitment to spectators who are wheelchair users, would be to also consult with the wheelchair users themselves. It is important to note that this does not necessarily mean that a consultation process is not undertaken by football clubs when football stadia are redeveloped, but that this particular group of users reported that this had not occurred with them. Several spectators expressed an interest in being involved more with their club and felt that their opinions, views and experiences would be of value and that their participation would represent a positive way forward. This will be explored further in the next section.

<u>Consultation with wheelchair users</u>

Accessible Stadia guidance (SGSA, 2004a) recommends that the football club, as a service provider, should actively seek the views of disabled people to assist them in identifying barriers and seeking solutions. Hence, when football clubs announce new initiatives and changes to stadia, it would seem that a period of consultation with disabled spectators and visitors is necessary. As stated earlier in the thesis, consultation with wheelchair users is a requirement through the access statement and theoretically it should be. However, access statements have been subsumed into 'Design and Access Statements' and whilst these initially were successful in getting designers to think about a range of issues, including accessibility, they have become routine exercises using information from previous similar projects.

> *As more and more of them are redeveloped, they need to consult with disabled supporters to ensure that they have looked at how their experience will be affected by the changes they make* (S17, 2017).

Several of the spectators interviewed said that consulting with wheelchair users, both in the design of stadia and the management and operation of stadia, was central to providing an accessible stadium. They reported that if they were consulted during the design process, then not only would this assist in achieving an environment that included them, but it would also prevent mistakes that could result in expensive retrofits.

> *Considering mine is a relatively new stadium, I think there are several areas where it could have been better designed, but that is true of other new stadiums. They never seem to consult with us. We could have told them that the sightlines would be blocked when people stood up in front* (S12, 2017).

During the interview process with the participants who were wheelchair users, the researcher acknowledges that she did empathise with some of the issues that were reported and some of the experiences that were recounted. As a wheelchair user herself, some of the experiences shared by the participants were similar to those experienced by the researcher. On occasions the participants discussed their experiences from the point of view that these were issues that the researcher was already familiar with and adopted a 'you know what I mean' perspective during the interviews.

However, at times, some of the statements made by the participants presented opinions and views that the researcher did not agree with, that were located in 'special needs' provision as opposed to one based on principles of inclusivity. The researcher adopted a critical reflective approach and found that noting comments by participants in the study, and her own responses and reactions to them was helpful in maintaining a balance.

A summary of the findings from the interviews with the 20 spectators who are wheelchair users is shown in Table 6.31. This table includes an analysis using Table 3.1 (Hanson, 2004) to link the literature to the data, in terms of what represents special needs provision and what represents inclusive provision. This summary lists all of the responses from the participants in terms of what they described as representing meaningful provision for them in football stadia.

Table 6.31
Summary of findings: What represents meaningful provision for wheelchair users?

External area
Allocate in addition of 6% of total car parking capacity for disabled people (BS 8300 confirms that the 6% requirement needs to be greater for stadia). *Special needs provision.*
Consult with disabled supporters to allow a fair and reasonable provision at the stadium. *Inclusive provision*
Ensure that designated and allocated parking bays are supervised to prevent misuse. *Special needs provision*
Ensure that the route taken from parking is barrier-free and the shortest possible. *Inclusive provision.*
Provide smooth and level approach routes to the stadium, wherever possible. *Inclusive provision.*
Ensure the route to/from the stadium is adequately signposted and well-lit. *Inclusive provision.*
Provide knowledgeable and helpful stewards to assist with wayfinding. *Inclusive provision.*

Internal services and facilities
Increase the number of accessible seating to at least the minimum standard. *Inclusive provision.*
Provide accessible seating that meets guidance in terms of size and location. *Inclusive provision.*
Provide unrestricted views/sightlines from the accessible seating areas. *Special needs provision.*
Locate the companion seat alongside the wheelchair user space. *Inclusive provision.*
Ensure that away supporters are located with their own spectators, not the home fans. *Inclusive provision.*
Provide clean and dedicated toilet facilities in close proximity to the accessible seating. *Special needs provision.*
Ensure that a sufficient number of accessible toilets are provided. *Inclusive provision.*
Ensure that toilet facilities are monitored by stadium staff and checked regularly. *Special needs provision.*
Ensure that accessible toilet facilities are fitted with RADAR locks. *Special needs provision.*
Ensure that each accessible toilet meets the criteria for size, space and is free from clutter. *Inclusive provision.*
Provide a selection of left-hand and right-hand transfer options. Display this on the door. *Inclusive provision.*
Install a Changing Places toilet facility, if possible at both ends of the stadium. *Inclusive provision.*
Provide an accessible concession stand located near to the accessible seating. *Special needs provision.*
Provide assistance for the purchase/delivery of food and drink. *Special needs provision.*

Management & operation of stadia
Provide a dedicated telephone line for disabled spectators. *Special needs provision.*
Enable low-rate calls to the dedicated telephone line; avoid premium rates. *Special needs provision.*
Ensure that the dedicated telephone line is adequately staffed. *Special needs provision.*
Employ knowledgeable and helpful ticket office staff who are well trained. *Inclusive provision.*
Provide an online booking facility for wheelchair users. *Inclusive provision.*
Deliver equal availability of season tickets for wheelchair users. *Inclusive provision.*

Management & operation of stadia (continued)
Facilitate flexible provision so family members can be located together. *Inclusive provision.*
Ensure that ticketing is managed by the club's ticket office, not the DSA's. *Inclusive provision.*
Employ a full-time Disability Liaison Officer. *Special needs provision.*
Establish a consultation process that facilitates the participation of wheelchair users. *Inclusive provision.*
Maintain ongoing engagement with wheelchair users and facilitate their participation. *Inclusive provision.*
Disability Equality Training & respect
Prioritise Disability Equality Training for all club and stadium staff. *Inclusive provision.*
Regularly review and update the DET training programme. *Inclusive provision.*
Establish a procedure for curbing inappropriate attitudes of stadium and club staff. *Inclusive provision.*
Sponsor an initiative to encourage respect for disabled spectators: Other stadia personnel. *Inclusive provision.*
Sponsor an initiative to encourage respect for disabled spectators: Other spectators. *Inclusive provision.*

Whilst this is not an exhaustive list and there may be other recommendations and guidance that cover the provision of stadia services and facilities more comprehensively, it does encapsulate the empirical data that transpired from the interviews.

The chapter moves on to the next stage of data collection, that is, an examination of the perspectives of key stakeholders, beginning with sports clubs. Therefore the next section presents a summary of the results from a survey with sports clubs conducted by the Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) in 2015.

6.5   Club perspectives: Office for Disability Issues (ODI) and Department for Culture Media & Sport (DCMS) 2015 survey results

To complement the disabled spectator survey, the Paralympic Legacy Advisory Group advised the ODI & DCMS that there should be a second survey, this time of spectator sport clubs. Hence a postal survey of all professional football clubs in England and Scotland, the top two divisions of both codes of rugby and the top two divisions of county cricket was undertaken. It was believed that this would "give the clubs the opportunity to explain the barriers they face in catering for disabled spectators" (ODI & DCMS, 2015, p.8). In total, 223 clubs were contacted and 88 responses were received, giving a 39.5% response rate. The ODI & DCMS 2015 report does not break

down the club responses into football, rugby and cricket, but presents the results from all sports clubs. Hence, the ODI & DCMS (2015) data that does not exclusively reflect experiences of football stadia as it is collapsed with other sports venues. As previously discussed, the researcher, despite several attempts, was unable to obtain a more detailed breakdown of the statistics which informed the report, but did conduct a telephone interview with a key member of staff in the Office for Disability Issues to seek further information. During the telephone interview, it was revealed that 76% of the respondents were football spectators (ODI, 2015). Although 67% of the respondents reported their disability as 'mobility', there were no figure available for how many were wheelchair users (ODI, 2015).

As with the disabled spectator survey the approach was to present the findings descriptively, rather than in a statistical format, so there are references to 'very few' and 'most' throughout. It is open to the reader's interpretation, therefore, what constitutes 'few clubs', 'some clubs' and so on. The club responses are presented in the following sections.

6.5.1 Club perspectives: Planning attendance

According to the ODI & DCMS report (2015), the sports clubs that responded claimed that they did provide information in advance about access and facilities at the venue. However, 'some' clubs stated that they only provided information about access at the venue itself (ODI & DCMS, 2015).

6.5.2 Club perspectives: Purchasing tickets

The report (ODI & DCMS, 2015) stated that 'most' clubs claimed to provide season tickets and match tickets for disabled spectators, either through a ticket office or by telephone. However, 'very few' said they could provide an online service for purchasing accessible tickets and one club stated that their online system was unable to provide a free companion ticket. For 'some' clubs, tickets for disabled spectators had to be purchased in person (ODI & DCMS, 2015).

6.5.3 Club perspectives: Travelling to and from a sporting event

The ODI & DCMS (2015) survey findings revealed that 'few' clubs who responded stated that they provided assistance with transport and getting to and from the venue.

When travel assistance had been provided by clubs, this support included shuttle buses from the car park to the stadium and providing accessible transport for supporters to use to attend away games. One club was working in partnership with other agencies to develop transport options to games. Another club claimed they had contacted several companies with a view to providing transport to and from the stadium but had been unsuccessful in finding someone who could provide this service (ODI & DCMS, 2015).

6.5.4 Club perspectives: Overall experience

According to the ODI & DCMS report (2015), those clubs that responded tended to say that they provided assistance for disabled spectators when they entered and exited the venue and assistance when they moved around inside the venue. They also claimed that they provided some adapted facilities and accessible seating with adequate views of the sporting action. Furthermore, 'most' clubs who responded stated that they provided wheelchair user places and amenity and easy access seating, but 'fewer' said they provided these for visiting supporters of the away team. Although there were many other facilities provided for disabled spectators, the provision was limited. For wheelchair users, these facilities included plastic rain ponchos for those in uncovered areas, complimentary drinks for both home and away supporters and a personal catering service (ODI & DCMS, 2015).

The ODI & DCMS survey results provide extensive evidence of wider access issues and in some instances there was no provision at all, for example in the lack of accessible transport. However, when there was some degree of provision, it was special needs provision, based on the medical/individual model of disability as opposed to inclusive provision based upon social model principles (Hanson, 2004). The special needs approach was particularly prevalent in the provision of plastic rain ponchos for those wheelchair users located in uncovered areas and complimentary drinks for those spectators located in areas where refreshments were difficult to access, or not available. This reflected an ethos of specialism and pragmatism whereby others decided what disabled people needed (Hanson, 2004).

The report (ODI & DCMS, 2015) stated that some clubs said they provided disability-awareness or Equality Act training for their staff and/or asked for feedback from their

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disabled supporters. Despite this, very few clubs that responded provided information demonstrating attempts to raise disability awareness among spectators. According to *UEFA and CAFE good practice guide to creating an accessible stadium and match day experience* (Centre for Access to Football in Europe (CAFE), 2011) this is part of a clubs responsibilities. A number of clubs who responded said they had a Disability Liaison Officer (or were in the process of recruiting one), which Paramio-Salcines & Kitchin (2013, p.759) state is "one strategy to address stadium accessibility and wider-equity issues for spectators with disabilities and their companions". The ODI & DCMS report stated that 'some' clubs said they held meetings with their disabled supporters or disabled supporters' associations to seek their advice with regard to the services and facilities provided. This is a positive step as consultation with user groups is an attempt at an inclusive approach (Design Council, 2014b; Fleck.2014; Centre for Accessible Environments, 2016). CAFÉ (2011) recommend consultations and discussions with an access forum (disabled supporters' club and local pan disability organisations) to establish and agree an access consultation process, which will include provisions for wheelchair users.

6.5.5 Club perspectives: Aids and adaptations

The ODI & DCMS report (2015) stated that those clubs that responded tended to say that the stadium footprint, the design of the stadium, age of the stadium or location of the stadium left little opportunity for improvement. For example, it was argued that a club stadium based in a residential or commercial district had little opportunity to make significant changes or secure planning permission to make alterations. The stadium location also had a bearing on the availability of accessible parking for spectators. Consequently, 'some' of the clubs responded saying that they found it difficult to meet their obligations in terms of the amount of accessible parking required. 'Some' clubs reported that they were concerned about the challenges they faced in addressing disabled supporters' needs, due to a general lack of knowledge and expertise. Finally, 'some' clubs mentioned that financial considerations also played a part, particularly the competing demands they faced in allocating expenditure (ODI & DCMS, 2015).

> *It is really not so much a lack of finance that can make it difficult to cater for disabled supporters. But more the fact that other things can have higher priority for club spend* (Club response, ODI & DCMS, 2015, p.27).

These results from the government's survey of sports clubs, although representing just under 40% return, were useful in preparation for the final stage of data collection, the interviews with key stakeholders. The results of these interviews are presented in the following section.

6.6 Key stakeholder perspectives: English football stadia

There are specific elements and physical features of English football stadia that design teams, access consultants and management need to consider, regardless of whether this relates to an existing stadium, a stadium extension or a new build stadium. In order to consider these elements, a total of eight semi-structured interviews with key stakeholders were conducted as the final stage of the second data collection phase. The focus of the interviews was to gain a deeper understanding of how English stadia catered for the needs of spectators who are wheelchair users and what challenges, if any, they faced in doing so. The key stakeholders were selected based on their expertise in the following areas: Commercial and marketing strategies of football clubs (the football business); sports stadia design and planning; and sports stadia management and operation. Table 6.32 lists the key stakeholders who took part.

Table 6.32 Key stakeholders and their areas of expertise

Code	Key stakeholder	Area of expertise
KS1	Adviser sports marketing and branding	Football commerce/marketing
KS2	Football consultant, former CEO football club	Football commerce/marketing
KS3	Architect	Stadia design
KS4	Local Authority access officer, planning	Stadia design
KS5	Inspector, Sports Grounds Safety Authority	Stadia design
KS6	Independent access consultant	Stadia operation/management
KS7	Senior Inclusive design manager	Stadia operation/management
KS8	Match day steward	Stadia operation/management

6.6.1 Stakeholder perspectives: The football business

To understand the business and marketing perspective, it was necessary to speak to key stakeholders who could provide a focus on the commercial aspects within English football clubs that act as a motivating factor. Premier League football clubs in particular receive significant sources of funding from sponsorship deals, advertising, concession

stands, broadcasting rights and betting revenue, and the researcher needed to examine whether this could cause tensions with providing an accessible sports stadia. The first key stakeholder is a specialist in sports' management and has worked with numerous organisations involved in sport, including two Premier League football clubs. The second key stakeholder is a former Chief Executive Officer (CEO) of a Premier League football club who works as a football consultant. The interview guide for these two key stakeholders can be found in *Appendix 4.* There were a number of themes to emerge with regard to the challenges and opportunities in providing for spectators who are wheelchair users, as summarised in Table 6.33.

Table 6.33 The football business: Emergent themes from interviews

Challenges and opportunities in providing for wheelchair users	No. of times cited
Economic factors, club return on investment	19
Lack of understanding of the needs of spectators	12
The uniqueness of English football culture and history	11
Clubs' short-term vision	10
Fan engagement and the relationship between clubs and fans	8
Commercial opportunities in the future	6
Complacency in the football business	5
Reluctance to change	5
Corporate Social Responsibility (CSR) and club values	3

As can be seen, the most frequently discussed topic related to economic factors. Significantly, the interviewees thought that spectators who are wheelchair users are not seen by football clubs as having a high-value in business terms; that is, they are not going to generate a great financial return.

If you have space into which you could fit thirty seats or instead 10 wheelchairs, then from a high-value customer perspective you can well imagine what the outcome is for many clubs (Adviser sports marketing and branding, 2017).

The underlying issue is that Premier League clubs don't need disabled supporters to generate income. They are not seen as customers and can be seen as a bit of a nuisance. If you are letting in carers for free, creating extra space, the starting point will be, "well we might have been able to put five seats in there and sell them at full price" (Football consultant, former CEO football club, 2017).

Consequently, football clubs target their resources at the most value-adding customers and the balance of a football club's efforts have focussed more on trying to secure corporate customers as they are considered to be high-value.

> *A high-value customer isn't necessarily someone in a wheelchair. A high-value customer is an individual or a company who rents a corporate box for five seasons* (Adviser sports marketing and branding, 2017).

6.6.2 Stakeholder perspectives: Stadia design and planning

To explore the issues around sports stadia design and planning, three key stakeholders were identified who had experience of the critical stages in this process. The third key stakeholder is an architect who works for a company that specialises in the design of major sports venues, including football stadia. He has a wide-ranging knowledge of sports venue projects and experience of consulting on design plans and details of football stadia. New and expanded stadia can have a significant impact on urban areas, the highway network, local communities and sports fans and therefore raise important issues for local planning authorities. The fourth key stakeholder is a Local Authority Access Officer, attached to a planning department within a Council who has overseen plans for English sports stadia located in urban areas. The fifth key stakeholder is an inspector with the Sports Grounds Safety Authority (SGSA), the UK Government's expert body on safety at sports grounds. The SGSA publish guidance including the Guide to Safety at Sports Grounds, also referred to as the 'Green Guide' (DCMS, 2008), which provides advice on the safe management of accommodation for disabled spectators. There were a number of themes to emerge as summarised in Table 6.34.

Table 6.34 Stadia design and planning: Emergent themes from interviews

Challenges and opportunities in providing for wheelchair users	No. of times cited
Need to comply with legislation, planning regulations and Building Control	22
Consultation and engagement with disabled end users takes place	12
Guidance documents, Accessible Stadia Guide, recommendations	10
Football clubs set the parameters which determines provision	8
Access issues are considered in isolation	6
Economic factors, commercial drivers	6
Functionality, safety and sustainability of stadium takes precedence	5
Accommodating requests from disabled end users	4

As can be seen, the need to comply with legislation, planning regulations and Building Control was the most frequently discussed topic.

> *The clubs need to prepare the plans and they need to comply with the 'Safety at Sports Grounds' planning requirements and also with building regulations. Once the plans are submitted then obviously the Local Authority has to consider whether they comply with the regulations* (Local Authority access officer, planning, 2017).
>
> *It is the Building Control teams up and down the length and breadth of the country, either the public sector or private sector Building Control teams that are at the heart of ensuring compliance with building regulations* (Inspector, Sports Grounds Safety Authority, 2017).

The second statement regarding building control highlights the human factor in such decision making. Approved Document Part M states "Developers will need to agree how they have assessed what is reasonable provision with the relevant building control body" (HM Government, 2015a, p.12). But if a building control inspector is more familiar with sustainable approaches than access requirements, then failings in the latter may not be addressed and developers' plans could subsequently be signed off. This is a problem of both design and building control assessment: The designer for not creating provision through good design practice in the design; and building control for poor policing of the regulations. The Centre for Accessible Environments (2016, p.4) agrees that there are problems in building control assessment stating that approved inspectors can "deviate from AD M, under pressure from their clients, and it is our experience that building control departments in a competitive climate can be seen reducing their adherence to standards in fear of losing clients to the more 'flexible' approved inspectors".

When discussing compliance with planning regulations, the requirement for evidence of a consultation process was also mentioned by the key stakeholders during their interviews. A key feature of any plans that are submitted is that club management and designers need to demonstrate that they have determined the design requirements in their access statement via a consultation process with disabled people.

> *The Local Authority would need to know to what extent disabled people have been consulted with, so the club needs to demonstrate that through their design and access statement* (Local Authority access officer, planning, 2017).
>
> *Consultation did take place with the disabled [sic], It is part and parcel of seeking planning approval that consultation takes place* (Architect, 2017).

6.6.3 Stakeholder perspectives: Stadia management and operation

Match days at stadia will draw many thousands of spectators at certain times and at concentrated periods. In order to examine what happens when the stadium is in use, three key stakeholders were identified as having specialist knowledge of the requirements of disabled spectators. Accessible stadia guidance states that football clubs should assess the services and facilities they provide to disabled spectators by commissioning an access audit at regular intervals, (SGSA, 2004a). Hence, the sixth key stakeholder is a member of the National Register of Access Consultants (NRAC) and has independently conducted access audits of English football stadia, including several Premier League clubs. The seventh key stakeholder is a Senior Inclusive Design Manager within a Local Authority, who leads on all aspects of accessibility and inclusive design in an urban area that includes a large football stadium. Supervision and control of areas where spectators who are wheelchair users sit is the responsibility of stadium stewards, who perform a number of duties that directly impact upon their comfort and enjoyment of the game. The eighth key stakeholder is a match day steward with responsibility for disabled spectators at a football club. There were a number of themes to emerge, as summarised in Table 6.35.

Table 6.35 Stadia management & operation: Emergent themes from interviews

Challenges and opportunities in providing for wheelchair users	No. of times cited
Importance of Disability Equality Training for staff	16
Dealing with external issues: Parking, travel distance, public transport	14
Consultation and engagement with disabled end users takes place	11
Need to build in flexibility to accommodate change	9
Guidance documents, Accessible Stadia Guide, recommendations	6
Disability Liaison Officers are key personnel	6
New and innovative ways of providing a 'reasonable adjustment'	4
Ageing population, increase in spectators with mobility impairments	2

As can be seen, the most frequently discussed topic related to the importance of disability equality training for staff. All the interviewees said that training was a priority for football clubs and that improved arrangements should be made to facilitate appropriate disability equality training.

> *The biggest thing I can think of with regards to accessing football stadia is training. Training for all staff and management. Everyone should have disability equality training on what wheelchair users' requirements are and other spectators with*

> *disabilities. And this training needs reviewing and renewing regularly. I don't think that happens* (Independent access consultant, 2017).
>
> *It's about the training and knowledge the stewards have, where the blue badge parking is, where the coaches are and important information like that. Again the training that stewards have is vitally important* (Senior Inclusive Design Manager, 2017).
>
> *We don't do a lot about disability really, although I think it is so important, especially in my role you know dealing with people all the time* (Match day steward, 2017).

One key stakeholder involved in stadia management and operation said that promoting accessible facilities in stadia provided both challenges and opportunities for football clubs.

Significantly, consultation and engagement with disabled end users also featured high on the list of emergent themes for management and operation, as it did for planning and design.

> *I did an access audit at one club and everything was included. But there can be things that I might not have thought about that disabled supporters will tell me …feedback from disabled supporters gives the club an idea of improvements that they need to address* (Independent access consultant, 2017).
>
> *We involved a Built Environment Access Panel, an independent panel that we still use now. In the group are disabled people and non-disabled people, but basically they all have expertise and experience around accessibility and inclusive design* (Senior Inclusive Design Manager, 2017).

6.7   What can constrain or enhance provision at football stadia?

The eight key stakeholders who took part in the semi-structured interviews were asked to provide their expertise as to the current disabled spectator provision at English football stadia. The empirical data generated from the interviews suggested that there were several factors that could constrain or enhance provision for spectators who are wheelchair users. The qualitative data collected are thematically presented with six sub-sections detailing the participants' knowledge and expertise, as recounted during the interviews. The themes that emerged from an analysis of this data have been organised into the following six key areas:

1. Commercial drivers: The focus on high-value customers
2. The slow pace of change in football

3. Complying with legislation, planning regulations and Building Control
4. A co-ordinated approach to providing an inclusive stadium
5. Changing attitudes and disability equality training
6. Consultation and engagement with disabled spectators

6.7.1   Commercial drivers: The focus on high-value customers

The interviews with the two key stakeholders with expertise in the football business revealed that economic factors and the need for a return on investment was the most frequently cited factor that constrained the provision of accessible stadia. This was reported as being due to the fact that most football clubs allocate relatively small budgets to marketing, particularly when compared to the huge budgets allocated to the salaries of playing staff and player transfer fees. Subsequently, there first key stakeholder (Adviser sports marketing and branding) stated that there is very little money allocated to addressing some of the issues around stadium design and wheelchair access. Furthermore, football clubs, because of the lack of resources devoted to marketing and their lack of expertise in marketing, tend to focus on high-value customers. As a consequence of this the balance of a football club's efforts have concentrated on trying to secure corporate customers, as they are seen as spectators with a high commercial value. Spectators who are wheelchair users are seen as costly in terms of their lower value 'yield per seat', when compared with non-wheelchair users, which reflects market capitalism. Whilst the purple pound has some strength to contend with this, it is constrained by other factors, such as supporter loyalty.

> *If you have got lots and lots of people in lots and lots of seats, your yield per seat increases. Whereas, if you clear out 30 seats to create a wheelchair area, your yield from seat decreases. And so in that sense, it is just too much trouble because you are spending an awful lot of time, an awful lot of effort, an awful lot of money and yet the yields from that are not there* (Adviser sports marketing and branding, 2017).

The key stakeholders stated that most English football clubs believe that there is not a business case for spending money on spectators who are wheelchair users due to their perceived low-value in commercial terms. Football clubs seek to maximise their financial return from their supporters in order to sustain their business model. The football business primarily looks at customers in terms of a return on their investment, calculating what the returns will be if they invest resources in trying to engage with a

particular group. For example, if a football club decides to create a safe and inclusive seating area for wheelchair users, they will look at what return on investment they may expect to receive. Football clubs will not spend money unless they are convinced that there is a tangible business case that ensures they will get a return on their investment. But spectators who are wheelchair users are not seen as producing a good return on investment, in fact, they are seen as high-cost customers as the following extracts reveal.

If it is a case of having 30 seats that you can sell 30 season tickets for, or clearing the area and having 10 wheelchair users there, which is it going to be? The commercial imperative within football, the commercial orientation of the football industry would be generating the most revenue from fans. It dictates that 30 times £600, as opposed to generating 10 times £600 means that wheelchair users are bound to lose out every time (Adviser sports marketing and branding, 2017).

Providing seating for wheelchair users is seen as an additional cost to Premier League clubs because they have to accommodate a free carer seat as well (Football consultant, former CEO football club, 2017).

As a consequence, the key stakeholders stated that, based on their experience of the football business, football clubs have not focussed their attention on providing spaces or easy access into the stadium for spectators who are wheelchair users. This would seem to support the lack of wheelchair spaces and access issues discussed in the literature review, as evidenced in the accounts by Level Playing Field (2014a; 2014b; 2016e) and Trailblazers (2016).

6.7.2 The slow pace of change in football

The key stakeholders with expertise in the football business reported that both the slow pace of change as well as a level of complacency were significant factors in limiting the provision of inclusive stadia. They reported that football clubs had never been required to think about spectators in wheelchairs and were slower in taking action, particularly when compared with other national sports such as rugby.

The pace of change in football has been much slower than in rugby because for a multitude of cultural and organisational reasons, governance reasons, football has never been forced to change (Adviser sports marketing and branding, 2017).

Football has always had it easy and as a sport it has been very complacent in its attitude to supporters in terms of pricing, in terms of facilities and merchandising because the attitude has always been "well they will come anyway, so it doesn't

> *matter what we do". And that, unfortunately is largely still true* (Football consultant, former CEO football club, 2017).

It could be argued that the slow pace of change in football is potentially similar to the slow change in the wider built environment, but for different reasons. The key stakeholders said that complacency and inaction on the part of clubs was largely due to the nature of English football culture and a long-standing reluctance to change. They identified that English football is unique in terms of its history and culture, but pointed out that whilst it might be useful to compare football with another popular national sport such as rugby, this does not give a full picture.

> *I think football and rugby are two different things and you just can't compare them because their histories and their development have been very different* (Adviser sports marketing and branding, 2017).

The key stakeholders said that the cultural backgrounds of football and rugby are dissimilar. Historically, rugby has tended to be populated by administrators and players who have received higher levels of formal education; rugby administrators and rugby players are more likely to have been to university and are more likely to have studied for a Master in Business Administration (Adviser sports marketing and branding, 2017). Consequently, in the last 25-30 years since it professionalised, rugby has been more innovative and creative and has thought about, for example, the role of the family in marketing and commercialising the sport. Although football has changed over the last 10 years, both the key stakeholders emphasised that they believed that progress had been restricted in football.

> *If you are a woman, or if you are from an ethnic minority, or if you are in a wheelchair, then you are not the main focus of who they are, where they have come from, or how they function* (Adviser sports marketing and branding, 2017).
>
> *Because football clubs seem to have a different mentality... That's a huge cultural, football thing, which should be changing, but it isn't* (Football consultant, former CEO football club, 2017).

According to the key stakeholders, there are characteristics of football that mark it out as being very different to other sports and to other industrial sectors. The first characteristic is that football is a product-led industry. Whilst it can be argued that

other English spectator sports are product-led to a great extent, football is the most commercially popular. The football players, their salaries and their transfer fees are considered the most important elements. It is not customer-led, as are many other providers of services (the example given by the key stakeholder of a customer-led organisation was *Amazon*). Secondly, the key stakeholder stated that there is something about the culture of football which is very inward-looking and this is significant because former players will secure employment with their previous football clubs in commercial and marketing roles.

> *If you think about what happens before a game, the players get into a huddle and it is all about being together and inward-looking and ensuring that that team is successful. And it is not about looking out to the world, it is about keeping it inside. Like the saying "What happens in the dressing room, stays in the dressing room". So football clubs are very inward-looking, very insular organisations* (Adviser sports marketing and branding, 2017).

A further key stakeholder finding was that football is unusual because there is a concept or a "notion of socio-cultural embeddedness" (Adviser sports marketing and branding, 2017). The social and cultural significance of supporting a particular football team creates a sense of attachment and identity amongst supporters (Nash, 2000). Penny and Redhead (2009) note that this allegiance has huge cultural and emotional importance for the collective and individual identities of football supporters. Economically, consumers make rational decisions, which means that if they receive a poor service or they do not get a positive return, then they will go somewhere else. But this principle cannot be universally applied to football spectators because football is socio-culturally embedded and loyalty to the team is the dominant factor (Nash, 2000; Tapp, 2004; Penny & Redhead, 2009). Consequently, as a spectator sport, football does not conform to the 'rational consumer' economic concept, particularly in the higher leagues.

> *I think other sports have had to work harder to encourage attendance so, yeah football undoubtedly has been complacent. And at the higher levels you have demand exceeding supply. Because of the tribalism and the passion that fans have for their football team in this country, clubs know that they will come anyway, even if the facilities are poor* (Football consultant, former CEO football club, 2017).

The key stakeholders concurred that the mentality of football clubs was not to think ahead towards the future, but to focus on the present football season. This was largely due to the fact that football clubs can move up and down the league hierarchy, which has a substantial financial impact.

> *If you look at the gulf between the Premier League and the Football League, every year 14 clubs are thinking, "which league are we going to be in at the end of the season?" So, football clubs tend to only see things from season to season* (Football consultant, former CEO football club, 2017).

The key stakeholder view was that football has been reluctant to change and that this was partly due to the English Football Association, which was not considered to be a forward-thinking organisation, but one firmly rooted in the past.

> *Football is still, even now, even at top clubs, and we see this with the governing body, the Football Association, these are still essentially organisations founded in the 19th century and operating to amateur principles* (Adviser sports marketing and branding, 2017).

This reluctance to change was evident in the football industry's lack of preparation for when Britain leaves the European Union, which is likely to have a major impact on the game, according to the key stakeholders. 'Brexit' could devalue players' wages, restrict the transfer of foreign players and limit the hosting of large football tournaments in England (BBC Sport, 2016; Gadd, 2017). Additionally, European Union legislation has underpinned football for several decades (Paramio-Salcines & Kitchin, 2013). However, the new rules following 'Brexit' could cause uncertainty in the industry for several years, a factor which the key stakeholders said had not been fully comprehended by the football business in England.

> *I am writing something at the moment about the significance of Brexit, which still nobody in football is saying anything about and yet it will have profound implications for football clubs in this country* (Adviser sports marketing and branding, 2017).
>
> *The biggest thing that is going to hit football massively and have an enormous impact is 'Brexit', but have we heard anything from the FA or the Premier League clubs on Brexit? No, not at all* (Football consultant, former CEO football club, 2017).

6.7.3 Complying with legislation, planning regulations and Building Control

Complying with legislation, planning regulations and Building Control was the most frequently named theme that emerged from the interviews with the three key stakeholders with expertise in stadia design and planning. It was cited as being critical in the provision of accessible football stadia, although the three key stakeholders differed in their interpretations of how straightforward the regulations were to apply. For example, their perspectives varied in the power of the planning legislation to influence the number of accessible seats provided for wheelchair users in stadia. This could be viewed as: (i) Something for *consideration* by the architect; (ii) a process of *influencing* football clubs to make the right choice by the Local Authority; and (iii) a straightforward *matter of compliance* by the inspector, as the following extracts from the interviews show.

> *We were made aware of the importance of meeting the recommendations for viewing position numbers. But they had to accept the design limitations of the site and that unfortunately, the minimum Accessible Stadia Guide recommendation on wheelchair position numbers would not be met* (Architect, 2017).
>
> *From the Local Authority's point of view, all we will know is what the club's intended changes are and whether those changes have impact on the regulatory compliance with the guidance documents. The Local Authority looks at this from a planning point of view and we will try to encourage football clubs to make the right decision* (Local Authority access officer, planning, 2017).
>
> *There have been building regulations out there, but why have they not been complied with?...It doesn't need any more legislation. The legislation is out there, it just needs to be applied* (Inspector, Sports Grounds Safety Authority, 2017).

However, according to the key stakeholders, planning regulations and Building Control concentrate on issues within the stadium that are concerned with the health, safety and security of spectators and visitors. Therefore, if the plans compromise the health and safety of the person, for example, if something is wrongly positioned, if it affects safe evacuation, then it is something that the licensing process can address. However, if it concerns, for example, the circulation of people, then this is not addressed by the licensing process, but something that stadium management need to deal with through changing club policies, practices and procedures. The key stakeholders pointed out that there are important guidance documents, the main one being the Accessible Stadia Guide (SGSA, 2004a), which the Premier League refer to when football clubs wish to improve stadium accessibility. Accessible Stadia guidance (SGSA, 2004a)

has a formula to work out how many seats are required for wheelchair users, and the Local Authority will look at the power that the planning legislation has to influence the number of accessible seats. Significantly, as the Local Authority access officer revealed, intention is the main driver behind all the changes that football clubs implement in stadia and football clubs will have different priorities and agendas which affect how they deal with any access issues that arise.

The findings did show that compliance with Part M of the Building Regulations does not necessarily mean compliance with equality legislation as the key stakeholders pointed out.

> *From the Equality Act point of view it is a different matter and the Equalities and Human Rights Commission (EHRC) will look at things in terms of disabled people's rights. The social responsibility that Premier League clubs are under is social legislation in a sense* (Local Authority access officer, planning, 2017).
>
> *The report by the Equalities and Human Rights Commission (EHRC) will put the focus on many clubs that have been deficient…the scrutiny that particularly the Premier League have been under recently again has meant that access issues are on the board room table now* (Inspector, Sports Grounds Safety Authority, 2017).

6.7.4 A co-ordinated approach to providing an inclusive stadium

It can be reasonably argued that inclusivity is not just about the number of accessible spaces within the stadium or compliance with the guidance documents. According to the key stakeholders with expertise in stadia design and planning, it goes beyond this. A popular theme to emerge from the interviews was that football clubs were looking at access issues in isolation, rather than co-ordinating their approach to providing an inclusive stadium.

> *What football clubs are lacking and what needs to be seriously thought through is that they all take accessibility issues and inclusive access in parts, rather than as a whole* (Local Authority access officer, planning, 2017).

Football clubs tend to improve physical aspects of the stadium without aligning this with their policies and procedures, or with their programme for staff training and development (Independent access consultant, 2017). There is no harmonisation between the development of the stadium, the quality of the provision, and how this is publicised and marketed (Local authority access officer, 2017). Working in such a

fragmented way and focusing on different elements separately becomes a problem when trying to make a stadium inclusive. The need for co-ordination in the quality of provision at stadia and the marketing of an inclusive stadia is particularly evident when football clubs claim that accessible features are either under-used or not used at all, according to two of the key stakeholders. They pointed out that some football matches will attract poor attendance and half the stadium may be empty (Local Authority access officer, 2017; Inspector, Sports Ground Safety Authority, 2017). If this occurs, you would expect that half the accessible seats would also be empty, yet clubs immediately say the wheelchair spaces are not being used. Wheelchair users do not have to be spectators at football matches, but when and if they decide to go, the facilities should be there (Local Authority access officer, 2017; Inspector, Sports Ground Safety Authority, 2017).

> *Clubs never look at the full picture, they just look at things in isolation. They say, "people are not using it, therefore it's not necessary". It's because clubs are not co-ordinating their approach to an inclusive stadium* (Local Authority access officer, planning, 2017).
>
> *The argument that we often hear is well we've got all these spaces and they are not fully utilised, but they are not fully utilised because they are not the best spaces. People come along in a wheelchair and people stand up in front of them and they never see any of the exciting bits of the match* (Inspector, Sports Grounds Safety Authority, 2017).

An example of this outlook that facilities for disabled spectators would not be used, or be under-used is Watford Football Club, who announced in December 2016 that they would not be providing the minimum number of wheelchair spaces, claiming that all known demand from disabled supporters had already been met (LPF, 2017b). It would seem that this is demand-led criteria for providing accessible facilities is also apparent in other areas of the built environment, for example, historic buildings (Andani, Rostron & Sertyesilisik, 2013). It should be noted, however, that even if facilities are not frequently used disabled people, this should not determine whether good access practice is implemented or not.

For all football stadia, old and new, existing and proposed, club management should be aware of the strong link between the design and the management of sports stadia. As such, inclusive design solutions need to be supported by inclusive operational

procedures. This is recognised in the Accessible Stadia Guide (SGSA, 2004a), which recommends that each stadium has an access strategy to ensure that every aspect of the football club's operations has been addressed and implemented. However, this approach to providing an inclusive stadium needs to be co-ordinated and, according to key stakeholders, football clubs need to appoint dedicated personnel with responsibility to fulfil this requirement.

> *Each stadium should have an officer who is the focal point and the manager of all those areas that affect accessibility in the stadium, so that an interaction can take place* (Local Authority access officer, planning, 2017).
>
> *One Football club I know has a disability officer who has overall responsibility for disabled spectators. All football clubs need to have a person that is totally designated, not half-designated like someone who has a job in the ticket office, but someone with overall responsibility for all disability matters* (Independent access consultant, 2017).

The appointment of key personnel

A key appointment for football clubs which was identified by key stakeholders was that of a Disability Liaison Officer (DLO) (also can be referred to as a Disability Access Officer (DAO)). Disability Liaison Officers should be engaged by football clubs to champion accessibility at all levels and provide a co-ordinated approach to the management and operation of the provision for disabled spectators. The Disability Liaison Officer is the first point of contact for all matters relating to stadium access, providing crucial support to the club's disabled spectators and visitors. Where such a person was employed, key stakeholders acknowledged that they could make a significant difference for disabled spectators.

> *At my club we had really strong core values, which is probably why we were very quick to appoint a Disability Liaison Officer (DLO). If you find the perfect person, one who has everyone's respect, then they can make all the difference. But they need to be unafraid of making life difficult for the club and rattling a few cages* (Football consultant, former CEO football club, 2017).

> *Once you are inside the stadium on a match day it is the club's own stewards and volunteers. The Disability Liaison Officer is responsible for her pool of volunteers, who are there to assist disabled fans. And more often than not she has the same people and they know each other and the fans* (Senior Inclusive Design Manager, 2017).

Disability Liaison Officers are expected to have a comprehensive knowledge of the Equality Act 2010, accessible stadia guidance, new legislation and best practice guidance. Part of their role is to engage with disabled spectators and to ensure all club staff are trained in disability equality and understand the requirements of a disabled person on match and non-match days. However, the key stakeholders revealed that the engagement of a Disability Liaison Officer is not widespread across football clubs.

> *At one football club, when wheelchair users arrived at the ground, those that could walk a few paces had their electric wheelchairs taken off them and placed in a secure area, while they were pushed to their space in one of the club's own manual wheelchairs. This is one of the things that they shouldn't do because of the dangers involved, but there was no-one at the club to advise them* (Independent access consultant, 2017).

Issues external to the stadium

The second most frequently cited theme to emerge from the interviews with the key stakeholders with expertise in stadia management and operation was that of dealing with issues external to the stadium, such as parking, travel distances and public transport. Accessible Stadia guidance (SGSA, 2004a) acknowledges that match-days or events at stadia will result in many thousands of spectators arriving at the stadium at certain times and at concentrated periods. A fully considered access audit of services and facilities for disabled spectators therefore needs to address the important issue of transport and getting to and from the stadium. This is borne out by the independent access consultant who was interviewed.

> *I do all the external routes…. how a person would get to the stadia; how they would arrive; what amenities are available before they go into the ground. For example, there are football clubs with drop-off points that are not good. At one club I audited, the drop off point was on a gradient and in my report I advised that it should be relocated. Clubs just seem to put the drop-off point anywhere* (Independent access consultant, 2017).

Although cars are the most favoured means of transport for wheelchair users, some disabled spectators may also arrive by mini-bus, coach or public transport, where such transport is available. Football clubs and stadia management therefore have a duty to ensure that access audits consider the external routes and seek to make adjustments so that any potential barriers to access can be removed. One such barrier, for example, could be long travel distances from transport drop off points, which can be

alleviated by the introduction of an accessible minibus service from the nearest public transport hub on match days.

> *The transport around the stadium is good. I think the one area we have had to put a managed solution in is in providing shuttle buses, simply because you cannot get public transport right next to the stadium* (Senior Inclusive Design Manager, 2017).

As previously mentioned, consideration of issues external to the stadium was the second most popular response from the key stakeholders with expertise in stadium management and operation. However, the most popular response was that of changing attitudes and the importance of disability equality training and this will be analysed in the next section.

6.7.5 Changing attitudes and disability equality training

The need for training in disability matters was the most frequently named theme that emerged from the interviews with the three key stakeholders with expertise in stadia management and operation. Disability Equality Training (DET) identifies discriminatory practices and challenges organisational behaviour that reinforces negative myths and values and which prevents disabled people from participating equally in society. The key stakeholders all placed high importance on staff training to facilitate a positive change in attitudes towards spectators who are wheelchair users.

> *The training of staff I think is really important. There is a definite need to have staff training on equality and access and egress at every football club* (Independent access consultant, 2017).
>
> *One of the key things to highlight is the importance of training and knowledge of stewards (*Senior Inclusive Design Manager, 2017).
>
> *For me training is the most important thing …especially for us stewards. It really helps you to understand, you know, to do your job better (*Match day steward, 2017).

Although the key stakeholders expressed the belief that the majority of staff were helpful and friendly when dealing with spectators, they were of the opinion that raising awareness was important in promoting equality and inclusion. One key stakeholder stated that improving knowledge among match-day stewards was essential in delivering an inclusive match-day experience.

> *It is good that stewards try to be supportive to wheelchair users, but sometimes I feel they aren't as disability aware as you want them to be. I have been there a long time and so other stewards ask me to sort out any issues cos they don't seem to have that much knowledge* (Match day steward, 2017).

All the key stakeholders with expertise in stadia management and operation stressed the importance of training in raising awareness about access and stated that such awareness was vital in enhancing the services and facilities at the stadium so that wheelchair users could benefit from them.

> *There is an urgent need to address these access and training issues and get them right. I find it incredible that after 20 plus years people are still having the same problems with getting into buildings and poorly trained staff* (Independent access consultant, 2017).

Insufficient training in disability equality was one of the main areas that concerned the key stakeholders as it could lead to a failure to cater for the needs of disabled spectators. This was mentioned as being specifically important for match-day stewards and facilitators in football. There was also an over-riding concern that this lack of understanding still existed.

> *How to treat disabled people when they visit football stadia should have been enshrined years and years ago, but it hasn't been. The lack of training and knowledge of people who are the facilitators in football makes you realise that they don't understand* (Independent access consultant, 2017).
>
> *A lot of the agencies that provide stewards are drawing them from a large pool. So you get these stewards who are the front line, talking to visitors and if they have not been briefed well enough, or trained, then they are not going to appreciate what is available and what is not for disabled spectators* (Senior Inclusive Design Manager, 2017).
>
> *Well, it does sort of worry me on a match-day… sometimes there are stewards who you know have not got the right attitude, who don't understand* (Match day steward, 2017).

Training was seen as a way of breaking down the attitudinal barriers faced by spectators who are wheelchair users. Attitudinal barriers can be successfully addressed through the use of comprehensive disability equality training with club management and stadium staff. One of the spectators who was interviewed reported

an incident with a stadium steward, which is described in the following extract from his transcript.

> *On my way out from the disabled seating area once a steward approached me and said to me in a very loud voice, "Have you had a nice time then?" …..You need people who have a current understanding of disability working in the stadium, not patronising gits who think you have just got off the 'Sunshine Bus'* (S6, 2016).

Training in disability and accessibility issues would improve the attitudes of club staff and management, but one key stakeholder said that it should be mandatory for all match-day personnel to attend disability equality training.

> *I think everyone who's there needs to do it. For me the photographers and the cameramen are the worst when it comes to a lack of respect for disabled people. The wheelchair users behind the goal are always complaining that the photographers block their view, but we're not allowed to ask them to move...and if we did, they would ignore us anyway* (Match day steward, 2017).

This corroborates the findings discussed earlier (Level Playing Field, 2016e; 2017a) and as recorded in Table 6.29. It seems there were frequent problems with the photographers located in front of the wheelchair users who were siting pitch-side. The feeling of lack of respect was summarised by one of the spectators who was interviewed, who reported an incident which occurred on a match day when two photographers were situated directly in front of the accessible seating area for wheelchair users. This incident is described in the following extract from her transcript and illustrated in Figure 6.10 (Lupton, 2017c).

> *I mean you can try asking them politely to move, but they just don't care. Once I heard one mutter to the other "If that lot behind complains that we're blocking their view, just tell them to f**k off". That sums up their attitude to us, right there* (S2, 2016).

Figure 6.10 Disrespectful attitudes to spectators who are wheelchair users in football stadia (Lupton, 2017c)

The three key stakeholders with expertise in stadia management and operation mentioned that any training programme would be enhanced by regular engagement with disabled spectators and that football clubs should set up a consultation process and ensure that their participation was valued.

6.7.6 Consultation and engagement with disabled spectators

Significantly, the findings from the interviews with all the groups of key stakeholders (those who had expertise in stadium design, planning, management and operation and those involved in the commercial aspects of football) referred to consultation with disabled spectators as being fundamental to any understanding of disability and barriers to access in stadia. Consultation and engagement was reported as being important in planning, designing, managing and operating a fair and reasonable provision of services and facilities at the stadium. Lack of consultation with disabled spectators was acknowledged as an issue for football clubs to address and rectify.

> *In principle therefore, wheelchair access and places and spaces for people in wheelchairs to be in stadium, in comfort and safety, should be an important part of what clubs do. But I have worked in the football business for over 10 years, but I don't think I have ever had a conversation with anyone about what people in wheelchairs require, or how we engage with them, anywhere, ever* (Adviser sports marketing and branding, 2017).

> *Well football clubs tend to want to put the disabled supporters in one place, not to have groupings of disabled in every stand and on different levels. From a management point of view, the club's preference would be to have them all together. But the clubs never ask the disabled supporters what they want and that needs to change* (Football consultant, former CEO football club, 2017).
>
> *A lot of management simply don't understand what the needs of a wheelchair user are. They make plans for the stadium, they plan a match but without understanding what the needs are of people in wheelchairs* (Independent access consultant, 2017).

However, the key stakeholders with expertise in football marketing and commerce, referred to a fractured relationship between club management and supporters. Notably one key stakeholder said that this difficult relationship worked against any kind of partnership between club management and supporters, particularly for Premier League football clubs.

> *Football clubs' relationships with their fans is schizophrenic anyway. It seems that supporters relate to the team but hate the club. I've spoken with other people in the Premier League about this and they say the same thing. It doesn't matter who owns the club, the supporters will hate them* (Football consultant, former CEO football club, 2017).

This led him to question how feasible it was to try and establish a meaningful consultation and engagement process with spectators, as club management could find it difficult when the football team had not been performing well and results were poor.

> *I think for many Premier League clubs it is quite tough to engage with fans… when things aren't going quite so well on the pitch, the last thing that clubs want to be doing is saying to fans, "Come and tell us what you think!"* (Football consultant, former CEO football club, 2017).

For the stadia designer, it was evident that the parameters set by the football club, as the client, are what determines the brief, not consultation with disabled spectators.

> *We would listen to the client, that is, the football club and what they tell us. They are the most important people…The client is the beginning, the middle and the end of the design process* (Architect, 2017).
>
> *The disabled parties [sic] were kept properly informed and consulted during the design and planning process* (Architect, 2017).

The comments by this stadia designer reinforces the work of Imrie (2003, 2006) who argues that architects and designers do not always consider the diversity of human beings within the built environment and that the design of the built environment, alongside physical, social and attitudinal barriers can prevent ease of mobility. Imrie & Kumar (1998) contend that most built environments are 'disablist' and to significantly improve physical access to the built environment, an approach is required that challenges 'disabling' attitudes and perceptions in society. This is further supported by the following extracts from the interview transcript which reveal that the consultation process with disabled spectators was completed in order to satisfy planning regulations, but it appears that the designer in this case did not implement any changes as a result of this process.

> *Like I say, consultation has to take place because there is a need to arrive at a broad consensus for the requirements for the disabled* (Architect, 2017).
>
> *There was a request to look to improve on the number achieved, based on complaints regarding access to tickets from disabled users. But we had to say that we could not increase this further* (Architect, 2017).
>
> *The policy of locating the away fan wheelchair spaces with the home fans and not with their own travelling support was also discussed. We gave reasons why this could not be economically achieved, you know for commercial, practical and legislative reasons* (Architect, 2017).

But the views of the stadia architect, was largely at odds with the other key stakeholders who were interviewed. For other key stakeholders, consultation and engagement were a necessary and meaningful part of the design and management of inclusive stadia.

> *I always talk to disabled spectators to get their experiences. It gives the club an idea if there are any dislikes or improvements that they would like the club to address. Because there are always some small things that we might not have thought about that disabled supporters tell us (*Independent access consultant*, 2017).*
>
> *We use the Built Environment Access Panel (BEAP) to develop inclusive venues, including the stadium and we also use the panel for all of the transformation work that we have done on the stadium since. There are wheelchair users on the panel. We ensure that the comments they make on designs are responded to by the design team* (Senior Inclusive Design Manager, 2017).

A summary of the findings from the interviews with the eight key stakeholders is shown in Table 6.36. This summary synthesises all the responses across the groupings of key stakeholders and ranks the emergent themes in order of most frequently cited. As can be seen, consultation and engagement with spectators who are wheelchair users was the most frequently cited response in terms of what can constrain or enhance provision in stadia.

Table 6.36: Key Stakeholder most frequently cited responses – What can constrain or enhance provision for wheelchair users?

What can constrain or enhance provision?	Cited by key stakeholders in	Total times cited
Consultation/engagement with wheelchair users	Football commerce; Planning & design; Management & operation	32
Economic factors, club returns on investment	Football commerce; Planning & design	25
Compliance with legislation, Building Control	Planning & design	22
Disability Equality Training for staff	Management & operation	16
External issues: Parking, travel, transport	Management & operation	14
Lack of understanding of spectator needs	Football commerce	12
English football history and culture	Football commerce	11
Guidance documents, Accessible Stadia Guide	Planning & design	10

6.8 Summary

This chapter has reported on the findings from the data generated by this PhD research, revealed that English sports stadia have many physical, attitudinal, management and operational barriers that limit accessibility for spectators who are wheelchair users.

The findings also showed that there are many constraints in design practice and service delivery that have limited achieving inclusive environments in English football stadia, specifically around the consultation and participation of disabled spectators. The findings suggest that consulting with disabled spectators during the design process would improve accessibility, but there was no evidence of a process of co-production with disabled spectators in the preparation of the access statement when stadia were rebuilt or significantly altered. Furthermore, findings from the interviews with 20 spectators who are wheelchair users and the eight key stakeholders indicated

that consultations with end users were not being undertaken as part of the day to day management and operation of stadia.

Findings from the study also revealed that although building regulations have influenced the accessibility level of football stadia, they have failed to create spaces that spectators who are wheelchair users feel welcome in and included when using them. Designing beyond building regulation compliance can create spaces that promote social inclusion, but this requires a greater understanding of the needs of end-users, including wheelchair users. However, the findings indicate that if inclusive and well-designed facilities are provided in English football stadia, in consultation with wheelchair users, then they will be utilised.

> *If you provide the facilities then people will use them. But they have got to be facilities that mean they can come along, be fully involved in the event and that they are able to view the action. It's inconceivable that you buy a ticket for an event but you know that every time a goal is scored that you won't be able to see it because you are in a wheelchair and people are going to be standing up in front of you* (Inspector, Sports Grounds Safety Authority, 2017).

The following chapter evaluates and discusses the findings of this PhD research and its implications regarding how meaningful provision can be achieved for spectators who are wheelchair users in English football stadia.

Chapter 7: DISCUSSION

7.1   Introduction

The previous chapter analysed the findings from the empirical data generated by this PhD research in order to investigate what represents meaningful provision for spectators who are wheelchair users in English football stadia. This chapter evaluates the findings of the empirical and secondary data in order to inform the debate as to how meaningful provision can be achieved. The literature review and the findings showed that although building standards have increased access to the built environment in England, with regard to football stadia they had not facilitated the inclusion of the 20 spectators who participated in the research. Whilst UK disability and equality legislation since 1995 has improved the lives of disabled people in England, the findings from the participants in the study revealed that there were legislative, economic, communication, attitudinal and cultural factors which have impeded the progress towards accessible football stadia provision for wheelchair users.

The Office for Disability Issues (ODI) and the Department for Culture Media & Sport (DCMS) 2015 report, described in Chapter 6, found that disabled spectators faced significant barriers when trying to attend spectator sports (ODI & DCMS, 2015). As previously discussed, this survey covered all disability categories and several sports, and spectators who were wheelchair users were not identified. Although 'mobility impairment' was the most frequently mentioned category of disabled spectator accounting for 67% of respondents (ODI, 2015), it should be clarified that this secondary data is distinct from the primary data generated by this PhD research as it presents findings from all disabled spectators. Hence, the difference between disabled spectators (ODI secondary data) and wheelchair users (primary data form this PhD research) is acknowledged. The secondary data showed that barriers were apparent when disabled spectators planned attendance, purchased tickets, travelled to and from the venue, and in their overall experience, which included accessible seating, toilet facilities, club staff and disability awareness (ODI & DCMS, 2015). The main findings of the ODI & DCMS (2015) report highlighted that disabled spectators were not being adequately catered for and it concluded by urging sports clubs and management to improve the services and facilities they provide.

This concurs with the findings from the empirical data collected from the 20 spectators who are wheelchair users, who took part in this PhD research. During their interviews, the spectators commented on the lack of progress towards accessible stadia provision and reported being dissatisfied in the way they were treated at times; and the barriers they faced in accessing services and facilities at football stadia.

> *I'm genuinely very disappointed at the way I and other disabled supporters are treated and the level of service that we receive. Even though they [football clubs] must be aware of the Equality Act which states that it is unlawful for service providers to discriminate against disabled supporters by providing them with a lower standard of service. But it seems that at most grounds nothing has improved and nobody bothers trying to rectify these issues* (S4, 2016).

It is important to note, however, that the empirical data generated by the interviews with the spectators who were wheelchair users also revealed that where enhancements were made to stadia, such as the provision of a 'Changing Places' toilet facility or accessible parking for blue badge holders, these were praised by spectators and widely used. Furthermore, individual stadium and club personnel had enhanced access to football stadia for several spectators who took part in this PhD research, which they reported as making them feel more included. The key stadia personnel most frequently referred to were match-day stewards. Spectators described the important difference that stewards at their home stadia made to their match-day experience, but it was also apparent that stewards at away stadia made a significant difference for some spectators.

> *HOME STADIA: The steward who I talk to always says, "If there's anything you need, just let me know" and he can point me in the direction of the head steward or the safety steward if necessary. Although they haven't got a dedicated person at the club, it makes a lot of difference when stewards come up and say, "how are you?" and make you feel welcome* (S11, 2016).
>
> *The disability stewards at my stadium are very helpful. They can't do enough for you. They are just very well-trained in their job…You feel more secure having knowledgeable disability stewards around* (S18, 2016).

> *AWAY STADIA: It's just the little things really that make all the difference. I was at Middlesbrough's ground once and it got really cold and the stewards there refilled my hot water bottle for me…There are a couple of stadiums that I've been to where the stewards come to you and ask you if you would like anything to eat or drink. And you give them the money, they go and get the stuff and bring it back* (S10, 2016).

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The ODI & DCMS (2015) 'Inclusive and Accessible Stadia' survey gave football, rugby and cricket clubs the opportunity to "explain the barriers they face in catering for disabled spectators" (ODI & DCMS, 2015, p.8). The clubs that responded to the survey described varied and fragmented services, and "some clubs said they provided for their disabled spectators but the provision was not widespread" (ODI & DCMS, 2015, p.22). Clubs also stated that they faced major challenges in the design, age and location of the stadium and the stadium footprint, leaving them little room to improve provision for disabled spectators. Notably, clubs cited financial pressures and their lack of expertise in understanding the needs of disabled spectators as limiting factors (ODI & DCMS, 2015).

In terms of what can constrain or enhance provision for spectators who are wheelchair users, the interviews with key stakeholders revealed that, to a large extent, football clubs in England had not been forward-thinking organisations. Consequently, they had remained complacent in their approach to providing services and facilities for wheelchair users. Other considerations emerged, such as economic factors (club return on investment) and the importance of disability equality training for club and stadia personnel, which corresponded with the results from the ODI & DCMS (2015) survey findings. When looking at stadia design, the need to comply with legislation, planning regulations and Building Control also featured in the interviews with key stakeholders. In light of these findings, Section 7.2 discusses what the implications are with regard to creating accessible football stadia for spectators who are wheelchair users.

7.2   How can meaningful provision be achieved?

The main finding to emerge from this PhD research is the lack of understanding of the experiences of spectators who are wheelchair users that exists within football governance, stadia design and stadia management practices. The researcher contends that this is largely due to elements of medical (individual) model thinking still being present in England, which leads to a failure to "provide appropriate services and adequately ensure the needs of disabled people are fully taken into account" (Oliver, 1990, p.3). As Imrie (2006) argues, when considering disability, built environment professionals and others make inaccurate assumptions regarding what it is like to have an impairment. In documenting aspects of disabled people's oppression in the

built environment both through design and social construction, Goodall (2010) and Imrie (2012) illustrate the shortfall in knowledge, and lack of understanding, of the access issues encountered by disabled people.

The data from the key stakeholders suggested that there were six key areas that need to be addressed in order to achieve meaningful provision for spectators who are wheelchair users. These are:

1. Legislation and building regulations
2. Consultation and participation
3. Accessible Stadia Guidance
4. Disability equality training
5. Interconnected management of facilities
6. A long-term vision for football stadia

7.2.1 Legislation and building regulations

Whilst equality legislation and building regulations have positively impacted upon the level of accessibility at football stadia, the literature review and the findings showed that they have not achieved an inclusive built environment for disabled spectators. This is evident from the ODI & DCMS 2015 spectator survey results; the interviews with the spectators who are wheelchair users; and the interviews with the key stakeholders. It can be argued therefore that the legislation has not led to principles of inclusive design being fully recognised and implemented in English football stadia. Current legislation regulates on numbers of accessible seats and other criteria, but does not place a duty on clubs to set out a strategic plan for stadia improvement over a defined period of time, which is what the data suggests is required.

Equality legislation requires service providers to comply with statutory building regulation Approved Document M: Volume 2 - Access to and Use of Buildings other than dwellings (HM Government 2015a). One main constraint in the legislation is that Approved Document M is applied to (i) new buildings; or (ii) existing buildings undergoing extensions or material change of use. This means that access standards can only be used as the criteria for an extension to an existing stadium or a newly designed stadium. Subsequently, when redeveloping stands within a stadium, football

clubs will apply the criteria to the newly constructed area, not seize the opportunity to address, for example, a shortfall in accessible seating throughout the stadium.

> *When a football club builds or rebuilds one new stand only, the discrepancy is that they are not building the whole stadium. And they will say, OK, because we are doing just one stand, we will comply with the spirit of what number of accessible seats there should be that concerns that stand only* (Local Authority access officer, planning, 2017).

Furthermore, Approved Document M does not include external routes and the surrounding infrastructure. For meaningful provision to be achieved, inclusive design criteria needs to be reflected in building regulations and applied to all building types regardless of the building age and construction condition; and include the area around the stadium.

Secondly, whilst Approved Document M can be used to demonstrate compliance with Part M of the building regulations, this in itself is not sufficient to meet the legal duty as set out in the Equality Act (2010). Service providers are required by the Act to make a 'reasonable adjustment' to any physical feature that might put a disabled person at a substantial disadvantage, when compared to a non-disabled person (HM Government, 2010a). However, this could include making adjustments to features which are outside the scope of Approved Document M. This means that "It remains for the persons undertaking building works to consider if further provision, beyond that described in Approved Document M, is appropriate" (HM Government 2015a, p.6). This means that individual designers and architects have to decide what they think is 'reasonable' and this is open to interpretation. As the Centre for Accessible Environments (CAE, 2016, p.1) argued in their submission to the House of Commons Women and Equalities Select Committee: Disability and the Built Environment, "Varying interpretation by Building Control bodies, including approved inspectors, results in even the minimum building regulations standard not being fully met". Whilst building regulations assist designers and architects in enhancing the level of accessibility in the built environment, they provide only basic accessibility standards (CAE, 2016) as the findings from this PhD research have highlighted.

As previously discussed, the specifications in Approved Document M should be regarded as the minimum mandatory specification that the law sees as appropriate for the construction of a new building, or for the major refurbishment of an existing one. However, as Imrie & Hall (2001) argue, a compliance culture can mean that the measures taken to widen access are little more than token gestures and this is evident from some of the findings of this PhD research. Furthermore, "the compliance with building regulations varies considerably depending upon the Local Authority" (Centre for Accessible Environments, 2016, p.5). Building regulations that are based upon meeting minimum standards do not always equate with providing inclusive stadia. Not all building regulations are clearly defined, leading architects and designers to interpret them differently particularly if the regulations do not clarify why such provisions need to be employed (CAE, 2016).

Part M reflects the narrow interpretation of inclusive design in the building regulations that can neglect design solutions that facilitate social inclusion. Accordingly, architects and designers comply with minimum standards, but do not look towards going beyond this and providing a more inclusively designed environment. This PhD research has shown that when the focus is solely on complying with Approved Document M to meet design requirements, wheelchair users can face barriers in accessing stadia services and facilities (for example match tickets, toilets, refreshments); and do not have a parity of experience in their choice of seating or sitting with family and friends. As mentioned earlier in the thesis, there is a reluctance of supporters to challenge their club using provisions of Equality legislation to provide reasonable access. As the Centre for Accessible Environments (2016, p.5) argues this is true of many requests for reasonable adjustments in other buildings "as most disabled people are unwilling or unable to bring a civil action against the service provider…the financial outlay, uncertainty and complexity of bringing a legal action is a huge deterrent for most people".

Whilst BS 8300 (British Standards Institution (BSI), 2009) may be used alongside Approved Document M, it is important to clarify that it is a code of practice drawn up to provide guidance to service providers on the best ways to meet the needs of disabled people. As such, these guidelines do not have any legal status and compliance with them is voluntary. However, the findings also revealed that football

clubs in England did not see the value in adopting best practice standards in the design of stadia facilities and services.

> *Football clubs will do the minimum, because they have to, rather than making a conscious strategic decision to position themselves as going above and beyond minimum or regulatory requirements* (Adviser sports marketing and branding, 2017).

Currently, football clubs are required to adopt access standards that comply with their legal duties and there is a requirement to prepare, implement and review accessibility strategies to improve access. But this PhD research has shown that this does not seem to have achieved accessible football stadia provision. Imrie (1996) argues that the architectural profession has always taken influence from a static and unchanging human body, without considering the diversity which is intrinsic to all. When this occurs, wheelchair users are seen as necessitating a separate access arrangement to accommodate their 'different' needs. Consequently, built environment professionals still tend to give their attention to providing a solution to meet the 'special' requirements of wheelchair users, which frequently means an addition to a proposal. This finding is supported by the literature review and the work of Goldsmith (2000) and Imrie & Hall (2001). They pointed out that providing add-on features to overcome the physical barriers faced by wheelchair users restricts the adoption of inclusive design principles across the whole building.

As the findings validate, in many football stadia, even the minimum standards have not been reached, in that: (i) Spectators were aware that football clubs were not meeting the minimum requirements regarding the amount of accessible seating provided for wheelchair users; and (ii) key stakeholders reported that sports grounds were failing to meet minimum standards, despite the legislation and building regulations.

> *SPECTATOR: A lot of clubs are not doing what they should be doing. In terms of disabled bays, there's a lot of them who have not got the minimum quota that they should have, which is wrong. I think it should be a legal requirement to do it. I mean it's got to be enforced, just like for every other thing. Why should it be different just because it's disabled bays?* (S1, 2016).
>
> *KEY STAKEHOLDER: If you look at many of the problems that exist, particularly in the new venues that have been built since the publication of Approved Document M, you could ask the question why do we have a myriad of sports*

> *grounds around the country that are beneath that which are set as minimum standards in the building regulations?* (Inspector, Sports Grounds Safety Authority, 2017).

The literature review established that buildings designed inclusively from the beginning will need fewer alterations in the future, leading to lower costs later on as expensive retrofits will not be necessary (Sawyer & Bright, 2007). Careful consideration of accessibility issues at the design stage and good management throughout the life of a building can produce and sustain accessible environments at little or no extra cost and this is true of football stadia. Building accessible stadia, when completed as part of the initial design, is relatively straightforward to achieve (CAFÉ, 2011). Many clubs have been redesigned, remodelled and re-engineered in the last twenty years, yet despite this opportunity, the stadia that were constructed were found to be lacking in their provision for disabled spectators.

> *It's not rocket science doing this, it is quite easy to do, providing it is done and accepted as part of the original design. Retrofitting is such as expensive thing to do* (Inspector, Sports Grounds Safety Authority, 2017).

A requirement of the legislation surrounding the planning process is the obligation to produce an access statement, developed in consultation with disabled people. Imrie (2006) pointed out that if designers are not required to be proactive in meeting disabled people, then there is little scope for them to know what reasonable adjustments are required. Meaningful and appropriate consultation through using the life experience of disabled people assists in the process of planning and implementing accessible buildings and other infrastructure (Design Council, 2014b), but the failure to listen, understand and consult with end users from diverse backgrounds means that little has changed in the design of the built environment (Inalhan, 2012). As the findings from the interviews with the wheelchair users and the architect suggest, designers do not always consult directly with disabled end-users over development proposals and when consultation is taking place, it is little more than designers informing disabled end-users of the plans and proposals for the building. The lack of consultation with, and participation of, disabled spectators was raised by the participants during the data collection for this PhD research and this will be explored further in the next section.

7.2.2 Consultation and participation

The findings supported the literature review in that they demonstrated that wheelchair users' encounters with their surroundings are more than simply those related to physical access and that this is not always recognised by those who plan, design, manage and operate stadia. Goldsmith (2000) stated that services and facilities are sometimes structured on what non-disabled people think disabled people require. Design professionals should be careful not to imagine the barriers faced by spectators who are wheelchair users when negotiating the area in and around English football stadia. Instead, they should seek to identify these barriers and create solutions based on the real reported experiences of disabled end-users, not their own professional interpretations. A football stadium designed and operated to take into account the requirements of disabled spectators, including wheelchair users, can help to foster social inclusion for everyone. The challenge for those involved in the design and management of football stadia therefore is not only to identify and remove existing barriers, but to proactively develop solutions which enable rather than disable spectators who are wheelchair users.

As this PhD research has suggested, designing, managing and operating an accessible football stadium is a multifaceted process. The findings revealed that consultation at an early stage with groups of disabled spectators, including wheelchair users, could be of enormous benefit in the process of planning and implementing accessible stadia. Attitudes about disability are embedded in society (Boys, 2014) and the needs of disabled people are not always given adequate consideration in the design of the built environment (Centre for Accessible Environments, 2016). Disabled people's access needs are poorly represented in the design and development of the built environment and a fundamental change in attitude and perception is required so that designers and architects show greater understanding of the needs of the disabled end-user (Fleck, 2014). As the Centre for Accessible Environments (2016, p.2) contends "The role of consultation and engagement in the design process is either not happening or is undervalued and poorly managed". At the start of the process, the collaboration of spectators, including those who are wheelchair users, in the design of stadia would ensure that professionals benefit from their knowledge and experience, but this was not evident in the findings from the wheelchair users who took part in this study. It could be that such consultation is being routinely undertaken with disabled

supporter groups, but this did not emerge from the empirical data collected for this PhD research. As the Design Council (2014a) recommends, engagement with end-users provides built environment professionals with an insight into the impact that disability has on how spaces and places are experienced.

This consultation process should include the infrastructure around the stadium; club policies and practices; and seek to remove any environmental, attitudinal and operational barriers that exist. The findings lead the researcher to contend that a consultation process that includes spectators who are wheelchair users and encourages them to contribute and describe their experiences could provide designers, architects and club management with a better understanding of the mobility requirements of wheelchair users; and avoid the cost of rectifying any mistakes retrospectively.

> *I don't think there is any excuse for not having a proper dialogue with disabled supporters, because when you talk to people, their demands are not excessive at all. Sadly, the classic football way is to avoid communication if at all possible* (Football consultant, former CEO football club, 2017).

The solutions that are developed in this process of co-participation should be tested and improved upon with the involvement of spectators, including those who are wheelchair users. The findings suggest that once the stadium is built (or for stadia that are already built), the participation of spectators who are wheelchair users should be facilitated as part of an on-going process. Building regulations and guidance alone may not cover the full range of issues that will have to be addressed by football clubs. Therefore a full access audit of stadium premises and activities should be regularly carried out by an independent access consultant. The access audit should include consulting with disabled supporters as an important and necessary part of providing an accessible stadium. As discussed in Chapter 3, 'Disability and the design process', involving users as an integral part of the design process is central to any inclusive design process (The Commission for Architecture and the Built Environment (CABE), 2008). However, from the data collected with the participants in this study, the direct involvement of wheelchair users in the development, testing and monitoring of accessible features had not occurred. Several of the spectators and key stakeholders

stated that this would be of huge value in ensuring that provision in stadia is fit for purpose and meets the needs of wheelchair users.

> *SPECTATOR: I would love to be able to tell them that some really good facilities can sadly be spoilt by poor organisation. Once, we arrived at a ground and the stewards insisted that we parked in the parking the furthest away from our entrance. These are things that the club should be aware of, but we're never asked for any feedback and they carry on making the same mistakes* (S5, 2016).
>
> *KEY STAKEHOLDER: If the football club has a disabled supporters group, then I always talk to them. But when I am auditing large stadia, professional football clubs, often they don't involve disabled people at all, or disabled groups from their area. That's a mistake in my opinion* (Independent access consultant, 2017).

Involving wheelchair users in an ongoing process of meaningful collaboration from stadia design inception, through to completion and beyond that into daily operation would influence the decision-making of professionals and also establish disabled end-users as valued partners. The contribution of spectators who are wheelchair users should also be facilitated when accessible stadia guidance is reviewed and updated so that their match-day experiences are a fundamental part of the recommendations made. Reviewing and updating accessible stadia guidance is discussed in detail in the next section.

7.2.3 Accessible stadia guidance

As this PhD research has shown, the design process needs to change and adopt good practice guidelines as a pre-requisite for all decisions regarding stadia design and management. There should be scope within stadia design to achieve an inclusive environment and good practice guidelines should be the basic starting point for creating places in which disabled people want to spend time. The findings suggest that football clubs in England need to make further changes to ensure that stadia become more accessible to spectators who are wheelchair users. This will mean (i) making the built environment more inclusive and user friendly; and (ii) producing club policies, practices and procedures that actively involve spectators who are wheelchair users. There is a need for modern, comprehensive accessible stadia guidance that offers a different approach to designing and managing football stadia, one that embraces the concept of inclusion in enhancing accessibility.

As described in the literature review, the Accessible Stadia Guide was published in 2004 by the Football Licensing Authority (now known as the Sports Ground Safety Authority) and the Football Stadia Improvement Fund. The document contained the minimum requirements with regard to standards of design for disabled spectators in stadia (HM Government, 2013a) and was designed as a "user-friendly guide that promotes the harmonisation of standards, which should be available to all disabled spectators" (SGSA, 2004a, p.I). It was produced as an indispensable guide for anyone involved in stadium design and management.

> *One of the most important guidance documents that was issued is Accessible Stadia Guide, which the Premier League refer to when football clubs wish to improve the accessibility of the stadium* (Local Authority access officer, planning, 2017).

In 2015, 'Accessible Stadia: Supplementary guidance' (SGSA, 2015a) was produced to reflect the changes to equality legislation. But the supplementary document was designed predominantly to answer 'frequently asked questions' and the findings from this PhD research have revealed the need for a more effective document. Such a document could be used to address "why venues are being built, but they are clearly in some cases just not compliant with Part M" (Inspector, Sports Grounds Safety Authority, 2017). The findings from both the empirical and the secondary data lead to the conclusion that the Accessible Stadia Guide (SGSA, 2004a) and the supplementary guidance (SGSA, 2015a), whilst making a huge contribution, have not achieved an inclusive stadia environment. There is much to be done, both in terms of physical structural improvements; changing the attitude of the football industry; and in reforming stadia management and operation. If this can be achieved, then it may improve equality of access for disabled spectators, including wheelchair users, in football stadia.

As is evident from the PhD research, disabled people, as non-disabled people, rarely attend a sporting event alone. There are friends, family and personal assistants to be considered when improvements are made to stadia and this needs to be reflected in the updated accessible stadia guidance. In particular, it is essential to consider the services and facilities for the companion to the wheelchair user, as the following extract from an interview transcript emphasises.

> *Where we sit they only have disabled toilets there. Last Saturday when we were there my dad went out to use the disabled toilet and one of the head stewards said to him, "Can you use the one down there?" My dad said, "but I always use this toilet as I cannot be away from my son for too long". But the head steward sent him to one that was quite far away. When my dad got there, it was another disabled toilet, not a communal gent's toilet. My dad went back to the head steward and told him, but he didn't believe him, so my dad had to show him. The head steward went with my dad to the other disabled toilet and realised his mistake. There were no toilets on our level that were not disabled ones for my dad to use* (S19, 2016).

It is important to note, however, that the production of best practice design guidelines does not ensure their use and many developers may continue to build to meet minimum recommendations. To ensure design solutions are used in all projects, incentives should be offered to developers and architects to ensure that best practice design guidelines are met and that inclusive design is viewed as a design opportunity. Football clubs should be advised that they need to adopt accessible stadia guidance, not only to comply with their legal duties, but also in order to have a proactive strategy that will reduce the probability of future accessibility barriers.

One of the areas covered by the Accessible Stadia Guide (SGSA, 2004a) is that of sightlines. This is an example of where the updated guidance would need to be specific. The findings established that blocked or obstructed sightlines were a frequent and consistent problem for spectators, which made them feel excluded and which prevented them from enjoying the game. The revised accessible stadia guidance would need to re-inforce the significance of calculating sightlines correctly; and clarify why this area is of fundamental importance to spectators who are wheelchair users.

> *It's a shame that it is difficult to see parts of the game due to the fans standing up in the rows in front of the platform. The rows in front of the wheelchair platform need to be kept clear or the platform raised a bit higher* (S12, 2016).
>
> *Even though you're on a raised platform, it's not high enough for you to see over people who are standing in front of you* (S14, 2016).

Furthermore, the previous thinking that no-one would stand up in the rows in front of the wheelchair users should be challenged. Sightlines need to be clear even if spectators in the rows in front of the wheelchair users stand up. From the findings, it

was evident that non-disabled spectators usually do stand up at a football match; and will do so throughout the game.

> *Because of this tendency for people to persistently stand, it means that the sightlines that were originally designed for people in wheelchairs are completely non-compliant now* (Inspector, Sports Grounds Safety Authority, 2017).

Based on the findings of this PhD research, it can be reasonably argued that the Accessible Stadia Guide (SGSA, 2004a), despite the 2015 supplementary guidance, needs updating. Since its publication, equality legislation has been transformed with the Equality Act 2010; there have been changes in disability language and terminology; and disability equality training has emerged to tackle negative attitudes. Furthermore, there has been significant progress in the development of inclusive design solutions since the 2012 Olympic and Paralympic Games, which demonstrated what could be achieved when environments were designed from the outset to be inclusive to all (Olympic Delivery Authority, 2007). As this PhD research has shown, there is a need for improved, unambiguous accessible stadia guidelines that can be used to tackle the numerous barriers that are still encountered by disabled spectators, specifically wheelchair users, in football stadia. The revised accessible stadia guidance must include detailed and clearer information so that those responsible for stadia design, management and operation understand the reasons behind the guidelines.

New or revised accessible stadia guidance would present an ideal opportunity to emphasise other important areas that have been overlooked in other documents. One of these key areas that needs to be emphasised in the revised publication is the importance of stadia operating in a co-ordinated manner. This lack of cohesion is due to football clubs looking at access issues in isolation, rather than organising and communicating the provision for disabled spectators throughout the management of the stadia. This was one of the findings of the research and will be investigated further in the next section.

7.2.4 Interconnected management of facilities

The PhD research described an important aspect that is often overlooked in the provision of accessible football stadia, that of adopting a co-ordinated approach to how

stadia are managed and operated. Whilst there is a requirement for stadia to be designed more inclusively, this needs to be co-ordinated with inclusive management policies, practices and procedures. When this occurs, football clubs can move towards providing accessible environments, services and information that are inclusively operated. As this PhD research has shown, designing enabling built environments is not in itself a solution to the total experience of disability and an accessible stadium may be rendered inaccessible due to the way in which it is managed and operated. The findings identified that this arose when there was a lack of cohesion in the provision of services and facilities for disabled spectators, or when the provision is poorly communicated throughout the club.

> *Nothing is joined-up at the club. Sometimes they decide things without telling us and then we have to deal with the consequences. One time they changed where the drop off zone was, but didn't let anyone know....I have asked for a basic information sheet so I can advise people about parking and other things, or even something I can hand out to people, but have they done it? No, they just don't bother* (Match day steward, 2017).

When improving physical aspects of a stadium, football clubs need to update and revise their policies, procedures and staff training programmes accordingly. However, the findings indicated that this was not happening and the different elements were operating independently of each other. This (i) made it more difficult to achieve an accessible stadium; (ii) could result in stadia facilities being under-used or not used at all; and (iii) often had a direct impact on disabled spectators. This is likely to continue to be a significant problem. Although some football stadia have been built as brand new facilities in the last twenty years, much of the future improvement to English football stadia is likely to occur as part of maintenance, expansion and modernisation; be this routine or as one component of a larger project of improvements. There are advantages to incorporating access improvements into planned work programmes wherever possible, as continuing maintenance programmes provide club management with the opportunity to make access improvements at a lower cost and with less disruption. However, the findings from this PhD research have shown that this opportunity has not always been taken, or if it has, then this has not been communicated throughout the club. It can be argued that this is partly due to clubs not adopting a co-ordinated approach.

> *One of the things the club decided to provide was amenity seating, extra wide seating, extra leg room seating… But, when you look at the ticketing office, nobody is asking the people when they are booking the tickets, "Do you need extra leg room"; "Do you need amenity seating?" Nobody is asking these questions. So really when the amenity seating is available and the club will argue that no-one is using the seating and that it is pointless having it. It is not pointless having it, it is because nobody in the ticket office is asking if anyone requires it! It is not being marketed at all* (Local Authority access officer, planning, 2017).

One of the issues acknowledged by this PhD research is the necessity for a designated Disability & Access Officer to be appointed by football clubs to co-ordinate disability-related matters. The Disability & Access Officer at the club would be able to provide crucial support and access information to disabled spectators at every stage of their journey from planning attendance to leaving the stadium. The role would require someone with a clear and precise understanding of disability legislation, accessible stadia guidance and the club's duty in providing an accessible stadium with inclusive facilities and services. They are also key to providing an inclusive match-day experience, directing operations on a match-day and ensuring that disabled spectators are catered for and supported in the stadium.

> *The club have a Disability Liaison Officer (DLO) and she co-ordinates the volunteers that she has who provide support of match days…this is a major part of the club's responsibility to look after their fans* (Senior Inclusive Design Manager, 2017).

The appointment of a designated individual as the main point of contact between the football club and disabled spectators would facilitate communication; and any problems encountered or suggestions for improvement could be dealt with in a timely manner. It can be argued that this role could be undertaken by an Equality Officer, but all the guidance states the need for Disability and Access Officer with knowledge and expertise, as stated previously in this PhD research. Additionally the net effect of the Equality Act has been to dilute the power of the previous DDA as Equality Officers have to have an extensive knowledge of nine very differing areas of discrimination, all of which are important but it is hard to see how one person can understand so many different aspects in detail. Employing a Disability & Access Officer to establish an on-going dialogue between disabled spectators and the club would mean that recommendations for access improvements could be actioned. When access to an existing stadium is improved, or when a new accessible stadium is built, disabled

spectators need to be involved and invited to participate. Those who do not wish to be part of the consultation process should be informed about changes or new initiatives in accessibility. Part of the remit of the club's Disability & Access Officer would be to bring these improvements to the attention of disabled spectators and take part in wider club publicity and marketing.

Whilst there are numerous responsibilities of a club Disability & Access Officer (DAO), one of the key ones is to ensure that all stadia and club personnel have received comprehensive disability equality training. Appropriate training was referred to by the spectators who are wheelchair users and the key stakeholders who participated in this PhD research and this will be examined in the next section.

7.2.5 Disability equality training

Throughout this PhD thesis, reference has been made to the social model of disability, which views disability as something which is imposed on people with impairments by social and environmental barriers to equality. Whilst building regulations and accessible stadia guidance can enhance design practice so that barriers in stadia can be addressed, disability equality training is also essential if disabled people are to have equality of access. As the Office for Disability Issues (ODI) and the Department for Culture Media & Sport (DCMS) 2015 report confirms, "The attitude and disability confidence of all customer-facing staff is essential to make the sporting event a positive one for disabled spectators" (ODI & DCMS, 2015, p.20). The ODI & DCMS (2015) survey results reported that a lack of disability awareness and sensitivity amongst stewards and stadia staff was a problem. This was substantiated by the spectators who were interviewed as part of this PhD research.

A guy from the concession stand came round taking orders for food, so I bought my mate and myself some food and gave the guy the money. But he gave the change to my mate, not me. I hate that, when you're treated like that. It's like a "does he take sugar?" kind of thing. It was really odd. I don't think it was a club policy, I think it was just this guy being poorly trained (S6, 2016).

The stewards are not always helpful. There was one incident with a steward who said we couldn't stay where we were, because I was in a wheelchair, but wouldn't give us a reason. It turns out we were right and he was wrong. It's the lack of training and bad attitudes that frustrate me (S9, 2016).

> *Once, we had to enter this away stadium from an entrance that took you through the home crowd. It was a really hot day at the start of the season and both me and my PA only had our football shirts on…as we got to the gate, the stewards escorting us through said "You're both going to have to take your shirts off. You can't wear those whilst you're walking through the home crowd". It's things like that, you know, that makes you question their training* (S20, 2016).

Disability equality training explores the concept of people being disabled by society's barriers and attitudes; and focuses on the removal of those barriers and in the changing of attitudes. It informs participants about their obligations under equality legislation and addresses disability issues, including the sort of practical issues which might arise in the context of service provision. Whilst this training is essential for stadia and club staff who come into contact with the public, this PhD research has also identified a need for other match-day personnel to receive disability equality training, such as concession stand staff, photographers and camera operators, who are frequently situated in front of spectators who are wheelchair users.

> *We get some things that happen, you know, that we have to deal with on the day…Such as staff on the food and drink counters not using common sense when dealing with wheelchair users. They insist on giving them bottles with the tops removed, which makes it difficult for them to carry….We also have to try and sort out when arguments happen between photographers and the wheelchair users sitting behind them, who can't see cos their view is blocked* (Match day steward, 2017).

The behaviour of the concession stand staff in this instance was also substantiated by one of the spectators who was interviewed.

> *The staff there, they unscrew bottle caps and make you take them away. So you're left with an opened bottle which you can easily spill. So I can't carry them. If they left the bottle tops on I could carry them on my knee, but no they won't* (S14, 2016).

Aside from other stadia personnel and match-day officials, disability equality training would benefit those who design, manage and operate stadia. It would provide them with a good knowledge of the needs of disabled spectators and visitors and mean that stadia facilities and services can cater for these needs. Senior club and stadia personnel need to understand the implications of equality legislation on policies, procedures, planning and the club's long-term strategy, therefore they would profit from disability equality training. This would help to ensure that (i) investments in the

football club take into account the requirements of disabled spectators; and (ii) all policies, practices and procedures comply with equality legislation, guidance and standards. Comprehensive disability equality training would help to reinforce that inclusive design principles and good practice are part of the planning, management and operation of the stadium.

Professionals such as architects need to be acutely aware that disability in not just a factor of design, but a social and political construct. Imrie & Hall (2001) assert that architects tend to create visions that belong to them alone, believing that they have all the necessary expertise as the following extract from the interview with the architect who participated in this PhD research illustrates.

> *We do not appoint access consultants, but there is a good reason for this. We have the necessary stadium experience and experience of liaising with disability groups, so we carry out this role ourselves* (Architect, 2017).

Designing for disability should be an integral part of architectural studies and not taught as a separate area, or add-on subject. Part of this learning process should be disability equality training, which can aid understanding, particularly when disabled people are directly involved in the teaching. This should be essential for both newly qualified and current practitioners. Disability equality training, that is regularly reviewed and updated, can help tackle the attitudinal barriers that affect the extent to which access requirements are considered during the design process. The attitude with which built environment professionals approach accessible design, whether it is viewed as an opportunity or a constraint, and the manner in which it is presented to the client has a direct impact on the success of the project in achieving an inclusive environment. Changing attitudes and raising awareness is therefore critical to developing a long-term vision of providing an accessible experience for spectators who are wheelchair users.

7.2.6 Developing a long-term vision

From the findings of this PhD research, it can be argued that football clubs in England have not developed a long-term vision, due in part to the socio-cultural embeddedness of football fandom; and the perceived low commercial value of spectators who are wheelchair users. This has exerted an influence on the design and management of

football stadia, which has presented spectators who are wheelchair users with several barriers when trying to access football stadia in England. The interview data demonstrated that football clubs were not pro-active in considering the needs of disabled spectators, specifically wheelchair users. For example, the findings revealed that 85% of the spectators who are wheelchair users used vehicles to travel to their home stadium and 50% used vehicles when travelling to away stadia. A high percentage (88%) cited lack of accessible parking facilities at stadia as being a significant barrier.

It is not very parking-friendly around the stadium…I would say that is probably one of the worst problems about going to the football is the parking situation (S20, 2016).

The lack of parking is a big issue really, because trying to get to the ground in a wheelchair, going up and down pavements is not easy. The club should and could do a lot more for parking for disabled supporters I think (S19, 2016).

You can hardly ever park in a disabled parking bay because there are so few available. I think they need far more disabled parking close to the stadium (S18, 2016).

It is a problem when there is no parking available. The other day I rang for a disabled parking space, but the telephone rang out all morning (S17, 2016).

If the ground hasn't got disabled parking available, then I usually don't go (S10, 2016).

I've had to pre-arrange the parking because there mightn't be anywhere available on the day. I have to pay for this (S8, 2016).

There are disabled spaces, but they're allocated on a rota, so we park in the street. We used to get quite a bit of hassle with parking tickets (S7, 2016).

Having somewhere to park is a bonus (S4, 2016).

It would be easier if they had somewhere to park, close to the stadium. There are places you can park with blue badges on the main road, obviously. But they're at the bottom of the hill and it's a nightmare trying to get the wheelchair up to the stadium, (S3, 2016).

I know they have got disabled spaces in the stadium car park, but there's never enough parking. The problems with parking, you know, it does act as a barrier (S1, 2016).

Supply was not meeting the demand for accessible parking provision close to the stadium, but it was apparent from the findings that this had not been fully appreciated by football clubs. As the match-going population is diverse, all spectators should be welcomed and accommodated in stadia, but this means that football clubs need to

plan for current and future demand in accessible parking provision and in other services and facilities that they provide at stadia.

To assist with this process, each football club should undertake an access audit of their facilities on a regular and continuing basis. Once the results of the audit are known, the club can check to ensure that the report's recommendations are being accurately implemented across the stadium. This will enable football clubs to assess and monitor stadia management and operational issues as well as the physical features. The independent access auditor interviewed for this PhD research stated that he had conducted access audits at football clubs, however, these reports are not made public. A positive way forward would be if football clubs did make these access reports public so that users could see where problems might occur.

A long term vision would ensure better compliance, but as pointed out in section 6.7.2 *(The slow pace of change in football, p.244),* this is in conflict with the yearly culture that football operates in (Football consultant, former CEO football club, 2017). In developing a long-term vision, football clubs will have to be more responsive to an increasingly ageing population and the subsequent escalation in spectators with impairments, including wheelchair users. The ageing spectator population and the increase in the numbers of disabled people in the UK (ODI, 2014b) make a strong business case for providing accessible football stadia. This would involve club and stadium management developing more meaningful ways in which to engage with disabled and older spectators to enable a deeper understanding of their needs. A key feature of this for all stadia, old and new, existing and proposed, is for management to develop an 'access strategy'. As this PhD research has shown, football clubs need to become forward-thinking organisations, going beyond the minimum requirements and developing a long-term vision for stadia. Developing a long-term vision would force clubs to be less 'inward-looking' and mean that they are better placed to comply with current and future legislation.

Furthermore, as the literature review and the empirical data has suggested, the football industry will have to become more pro-active and embrace diversity. The findings from the interviews with key stakeholders showed that the notion of

developing a long-term vision has been hindered by the leisurely pace of change adopted by the English Football Association (FA).

> *The Football Association (FA) is not a particularly progressive or diverse organisation. But it looks like a change will be enforced upon the FA by, if not the government, then some form of regulatory intervention* (Adviser sports marketing and branding, 2017).

Recognising that there needs to be increased diversity in organisations receiving public funding, the Code for Sports Governance states that there should be 30% gender diversity on boards, from April 2017 (Sport England & UK Sport, 2016). This includes English Football's governing body, the Football Association (FA). In February 2017, out of the 122 representatives on the FA council, only eight were women; four were from black and ethnic minority backgrounds; and 92 were men aged 60 or over (BBC Sport, 2017). According to one key stakeholder, this lack of diversity has meant that football organisations in England have "never been forced to think about people in wheelchairs and we are only just, in the 21st century, beginning to see women's football getting any kind of respect or coverage or money" (Adviser sports marketing and branding, 2017).

Interestingly, in terms of gender, of the eight key stakeholders who participated in this PhD research, seven were male. The seven male key stakeholders all held professional positions, where they had both influence and respect. The only female key stakeholder was KS8, a match-day steward, who was employed on a casual basis for a relatively low hourly-rate, who described herself as powerless in changing club policy and attitudes.

> *There are things I would like to say, you know, to improve things for disabled supporters and for the wheelchair users I look after. But, at the end of the day, nobody at the club would listen to me* (Match day steward, 2017).

As the findings have shown, it is not just the football industry that needs to embrace diversity, the architectural profession should become more diverse. Firstly, it should encourage a greater number of practitioners who have impairments to train, including wheelchair users. This could have a significant influence on motivating practicing professionals to go beyond meeting minimum standards or legislative requirements for access.

7.3   Summary

This chapter has appraised the findings of the empirical and secondary data and established that both existing and new football stadia in England often fail to anticipate the needs of disabled spectators. This appraisal was used to inform the debate as to how meaningful provision in football stadia can be achieved for spectators who are wheelchair users. Six issues were identified from the data that, if addressed, could increase the accessibility and inclusivity of English football stadia.

To begin with, the assessment demonstrated that building regulations alone will not ensure that disabled people feel they are being included within the built environment. Although Approved Document M and British Standards enhance accessibility for disabled people, this often results in the provision of segregated stadia services and facilities for wheelchair users, which do not necessarily promote their inclusion. The discussion also identified a significant implication for those involved in the design and management of football stadia, that is, the benefits that could be gained from consulting with disabled spectators, notably wheelchair users. The review highlighted the need to revise Accessible Stadia Guidance (SGSA, 2004a), which although a highly important document, is somewhat dated and requires upgrading. Additionally, comprehensive disability equality training, delivered by disabled people was considered to be a positive way forward and an area that needed to be included in a revised accessible stadia guidance document. The chapter went on to discuss the interconnected management of facilities and how operating different areas in a stadium in a separate and isolated manner can lead to a breakdown in the provision and marketing of access improvements. Finally, it argued that creating accessible football stadia requires a long-term vision, including clubs being aware of demographic trends; specifically the growth in the ageing population. The review of the data also leads to the confirmation that developing a long-term vision in the provision of accessible stadia can be a strategy for a more successful business. However, from the spectator point of view, there remain doubts as to whether this can be achieved at football stadia in England.

> *When you think how much money is going around the Premier League now, these facilities for disabled supporters should be top class. Where we sit in the new part of the stand, the whole row all the way to the end could be spaces for wheelchair*

users and that would solve the whole problem. But it would take space away from the corporate area and they won't have that will they? Even though disabled fans show such loyalty to the club (S19, 2016).

In summary, the concept of inclusive design for football stadia in England needs to be well-defined and understood within social, cultural, and physical issues, as supported by the literature review (Swain and French, 2000) and interviews with the 20 spectators and eight key stakeholders. Football clubs should not only adopt access standards to comply with their legal duties, but should also have a proactive strategy that will reduce the probability of future accessibility barriers. The following chapter uses this evaluation of the findings to make recommendations regarding the how meaningful provision can be achieved for spectators who are wheelchair users in English football stadia and concludes this PhD research.

Chapter 8: CONCLUSIONS

8.1 Introduction

The aim of this PhD research is to explore the extent to which the existing design of football stadia in England meets the needs of spectators who are wheelchair users; and to investigate how meaningful provision can be achieved. The literature review and an analysis of the data findings revealed that English football stadia were not providing the 20 spectators who were wheelchair users with an inclusive experience. This chapter presents the main conclusions and makes recommendations for dealing with some of the constraints that prevent meaningful provision from being achieved. The main conclusions and recommendations for improvement are presented in section 8.2. The contribution to knowledge is recognised in section 8.3, whilst the challenges and research limitations of this PhD research are acknowledged in section 8.4. Section 8.5 outlines the opportunities for future research. Finally, a summary is provided in section 8.6, which draws this PhD research to a close.

8.2   Main conclusions

This PhD research has assessed the Office for Disability Issues (ODI) and Department for Culture, Media & Sport (DCMS) 2015 survey results from 945 disabled spectators and 88 sports clubs. The report produced by the ODI & DCMS makes recommendations for improvement "to ensure all spectators have equal access to sporting venues and services, and that the owners of stadia are aware of their responsibilities towards disabled spectators" (ODI & DCMS, 2015, p.9). However, as previously stated, the ODI & DCMS survey presented results from all disabled spectator groups. This PhD research is concerned with wheelchair users as a specific user group, to highlight their concerns, and has produced findings, based on the empirical data collection with 20 spectators who are wheelchair users and eight key stakeholders with expertise in football commerce, stadia design and management.

From the empirical data findings and the subsequent discussion, this PhD research concludes that there are five themes that need to be addressed so that meaningful provision for spectators who are wheelchair users can be achieved in English football stadia. They are:

1. Changing legislation and building regulations

2. Revising accessible stadia guidance

3. Engaging with disabled end users

4. Co-ordinating stadia management and operation

5. Recognising the need for change

8.2.1 Changing legislation and building regulations

As the literature review illustrated, UK disability legislation has developed since the Disability Discrimination Act in 1995, changing most recently in 2010 with the Equality Act. However, the legal duty of making reasonable adjustments for disabled people has remained throughout. The 2010 Equality Act (HM Government, 2010a) requires service providers to make adjustments that are reasonable within the circumstances of a particular situation, but what is considered 'reasonable' may vary from one stadium to another. Elements such as the practicability of making the adjustment, the cost and the resources available to the club are all taken into consideration and the nebulousness around what is considered 'reasonable' makes enforcement more difficult. Secondly, a disabled person is required to take a civil action in the English County Courts, if they believe that a football club has not made a reasonable adjustment. As this PhD research has highlighted, football fandom is socio-culturally embedded; football clubs have access to huge financial and legal resources; and spectators have anxieties about the reaction of other supporters and isolation by the club, which makes it unlikely that an individual disabled football spectator will take legal action against their club. In conclusion, the ambiguity around the concept of 'reasonableness' and the onus on individuals to take legal action act as obstacles to securing legal redress.

This PhD research proposes that disability and equality legislation should continue to be reviewed and, where necessary, updated (including building regulations). The concept of 'reasonableness' needs to be more clearly defined in any such revision, with the outlook of providing inclusive and equal opportunities for disabled people, including access to public places and buildings such as football stadia. The social, physical, organisational and attitudinal barriers that exist need to be understood in terms of disabled people's right to equality of access. This PhD research posits that disability should be seen as something which is an externally imposed "disadvantage or restriction caused by a contemporary social organisation which takes little or no

account of people who have….impairments and thus excludes them from the mainstream of social activities" (Oliver & Barnes, 1998, p.18). Rather than defining and perceiving disability as a fixed reality in which the individual must adapt to the existing built environment, it should be understood as the person's right to integrate into society. This needs to be represented and preserved in UK disability and equality legislation.

Equality legislation also has a role to play in increasing awareness. Throughout this PhD research, emphasis has been placed on the social model of disability and the low priority given to disabled people "when placed against the competing needs of other groups" (Oliver, 2004, p.20). There needs to be a better understanding of disability in law that recognises the diverse human life cycle and the variance that can exist during the human life span. This, it can be reasonably argued, will lead to building regulations (and design standards) that accommodate these variables. However, it is noted that adopting a specific definition of disability can risk limiting the further development of an understanding of disability. Therefore, it is recommended that when a definition of disability is enshrined in law or policy, there is a mechanism for review. Such reviews will need to ensure that the definition continues to correspond with disabled people's own perceptions of their relationship to the social environment.

The other legislation that impacts on the design and layout of an English football stadium is Part M of the building regulations, which states, for example, the reasonable provision for spectators who are wheelchair users in sports stadia. The full building regulations in England are set out in Approved Document M, which encompasses access to, and within, the built environment for people with disabilities (HM Government 2015a). This PhD research has been undertaken in the context of the football stadia in England and the researcher is mindful that building regulations and British Standards are constantly updated and take at least three to five years to be enacted. It is acknowledged therefore that there is temporal disparity between design guidance being updated and its realisation within the built environment.

This PhD research has shown that that building regulations with minimum requirements such as Approved Document M, as followed by built environment professionals, have not always secured accessible stadia for spectators who are

wheelchair users. Planners and designers need to recognise that building regulations and standards represent minimum access requirements and do not necessarily ensure that wheelchair users feel included in the built environment. Minimum provision should be seen as the starting point for developing functional and equal access to the built environment. Building regulations should be used as an instrument to remove barriers to access and not as a means to restrict built environment professionals from finding innovative and inclusive solutions. In terms of specification, the information given by building regulations needs to be improved and more consideration should be given to providing clarification regarding: (i) The reason behind the access point or specification; and (ii) how the specification should be employed. This PhD research proposes that building regulations are tailored towards a user-centred approach and include clear and detailed information about specifications so that they are fully understood and implemented by built environment professionals.

This PhD research has confirmed that, in many football stadia, even the minimum regulatory standards have not been reached. This was evident, for example, in the varying size and layout of toilet facilities reportedly provided in stadia and the number and position of wheelchair spaces. It can be seen, therefore, that differing interpretations by Building Control bodies can result in even the minimum building regulations not being fully met. It is important therefore that consistent and robust national requirements are applied in planning and Building Control, to ensure that the same standards are being met in stadia across the country.

Approved Document M covers access to, and within, the built environment for new buildings or extensions only. Removing architectural barriers within existing buildings, such as stadia, is viewed as a difficult process with many restraining factors. There is a widely held belief that an existing stadium cannot be improved without major structural changes, but this may not always the case. Whilst it is accepted that removing barriers in existing stadia is more challenging than removing barriers when building new or extended stadia, this does not mean that it should not be attempted. It is recommended that building regulations widen their remit from new builds and extensions, and are applied to all building types, including existing buildings. It is acknowledged that this is a fundamental change and one that will have challenges and limitations when applied to all buildings. Any change of this nature to building

regulations carries with it long-reaching implications, not least in the financial element, and it is expected that difficulties will beset this proposal. But this PhD research has revealed that existing stadia should not be exempt from building regulations if significant improvements are to be made in the future. It is envisaged that any progress will occur slowly, even with a change in building regulations, but it can be achieved over a period of time. Stadia management need to draft a timescale and follow an action plan of improvements. It is critical that disabled spectators are involved in this process, so that actions can be prioritised and meaningful provision achieved.

One of the ultimate aims of applying building regulations should be to improve the level of access at sports stadia for disabled spectators, including wheelchair users. To achieve this aim, each stadia should be considered on an individual basis and any renovation projects that occur during this time should be used to adopt inclusive design principles whenever possible. Table 8.1 summarises the recommendations put forward by this PhD research, with regard to changing legislation and building regulations.

Table 8.1

Changing legislation and building regulations: Summary of recommendations

Recommended changes to legislation and building regulations
UK equality legislation should reflect a greater understanding of disabled peoples' right to access the built environment, goods, products and services
Establish a system for reviewing how 'disability' and 'reasonable' are defined in UK equality legislation
Revise building regulations in England to accommodate the diversity of the human life cycle
Revise building regulations in England to focus more on end-users
Apply consistent national access standards in planning and Building Control
Redraft the specifications and provisions in English building regulations to offer clarity as to why and how they are applied
Expand building regulations in England from new builds and extensions to include existing buildings

Minimum accessibility standards, as defined in building regulations, do not necessarily address many of the barriers facing spectators who are wheelchair users. In England, new stadia are planned and built; and existing stadia are extended, adapted and modernised on a regular basis. Whilst the stadia will have differences due to their

location, scale and site, they all need to provide inclusively designed, managed and operated services and facilities. To achieve spectator equality and inclusion, accessible stadia guidance was produced in 2004 to define the standard of facilities that were expected to be delivered (SGSA, 2004a). One of the main conclusions drawn from this PhD research was the need to revise this guidance, which is covered in the following section.

8.2.2 Revising accessible stadia guidance

As this PhD research has shown, for both existing and new stadia, there is a need for modern, comprehensive accessible stadia guidance that updates and enhances the 2004 publication. Revising accessible stadia guidance provides a unique opportunity to introduce additional good practice design solutions for both new and existing stadia. It is anticipated that the revised guidance will be a point of reference that can assist football governing bodies, football clubs and stadium managers to deliver accessible, inclusive and welcoming stadia.

The ODI & DCMS report (2015) made the point that small adjustments may overcome the barriers that prevent disabled people from attending stadia. For example, appropriate information about stadia facilities, if made available, would mean that disabled spectators could make an informed decision about whether they can or cannot attend a football match. Clubs therefore need to consider the type of information they make available to disabled spectators and make it available in different formats. As confirmed by the findings from the empirical data generated by this PhD research, this information should not only focus on the stadium, but also on other information that disabled spectators might find useful. For example, information on the distance from accessible parking or drop-off points and the gradient of the approach routes. Any such information needs to highlight the stadium facilities and services for spectators who are wheelchair users and provide a description of what they include. Furthermore, clubs should provide current, appropriate and relevant transport information for disabled spectators about accessible travel to and from the stadium and should consider alternative solutions to tackling transport barriers (ODI & DCMS, 2015). The empirical data generated by this PhD research confirmed the ODI & DCMS (2015) recommendation and proposes that clubs work in partnership with

local transport providers to ensure that disabled supporters are not restricted by transport and parking barriers.

The ODI & DCMS report (2015) recommends that clubs increase the number of wheelchair user places to match the minimum levels set out in Part M of the building regulations, which refers to accessible stadia guidance for stadia with 10,000 and more seats. Current accessible stadia guidance advises that "designers are advised to pursue an enlightened and flexible approach. This is particularly important in view of the potential numbers of disabled people who may wish to attend football matches" (SGSA, 2004a, p.37). The researcher is aware that there is a time discrepancy from what is recommended and what is realised in terms of the built environment. The recommendations in the Accessible Stadia Guide (SGSA, 2004a) were set out over a decade before the ODI & DCMS (2015) survey and during this timeframe there will have been opportunities for football clubs to make stadia improvements. However, this 'enlightened and flexible approach' does not seem to have occurred and, as the literature review and findings illustrated, in many cases even minimum levels of accessible seating for wheelchair users have not been attained.

This PhD research recommends that, for stadia with 10,000 and more seats, a simpler and more equitable method should be applied. It is recommended that 1% of all seating should be allocated as accessible seating for wheelchair users, regardless of stadium capacity. This would seem to be reasonable given that the Centre for Access to Football in Europe (CAFÉ) states that approximately 1% of the European population use a wheelchair either permanently or frequently (CAFÉ, 2011) and the UK estimate for wheelchair use is approximately 1.9% (Disabled World, 2017). Furthermore, the wheelchair provision for audience seating for up to 10,000 seats is 1% of the total seating capacity, as defined by Part M of the building regulations (HM Government, 2015a, p.39). The 1% quota should be based on the total number of general admission seating provided at the stadium; likewise 1% of the total number of hospitality seating should be allocated for wheelchair users. The location and design of the accessible seating areas for wheelchair users need to be flexible and allow for greater demand in the future.

Results from both the empirical and secondary data strongly indicate that clubs need to look into providing accessible seating for wheelchair users that accommodates family and friends. "Where there are allocated wheelchair user places, adequate space should be provided to let more than one companion sit with the disabled person" (ODI & DCMS, 2015, p.8). This proposal is more realistic when a 1% allocation of accessible seating for wheelchair users is provided. Adequate numbers of accessible seating for wheelchair users for both home and away spectators should be provided in the correct parts of the stadium. Spectators who are wheelchair users should be given a choice of viewing areas and be able to sit with supporters of their own team. "This should enable them to sit with the appropriate fans to maintain segregation and to allow for enhanced enjoyment of the game" (ODI & DCMS, 2015, p.8). This PhD research proposes that clubs make provisions so that away team supporters who are wheelchair users can sit with the main body of away team supporters and are not located with the home team supporters.

Spectators who are wheelchair users should be able to buy tickets for football fixtures in the same manner as non-disabled spectators, whether this is online, through the ticket office or by telephone. Whatever method is used, it is important that these services are fully accessible. The ODI & DCMS (2015) recommendations with regard to purchasing tickets were that clubs should establish an online booking system for disabled spectators. The results from the empirical data generated by this PhD research also identified the need for an online booking facility and therefore concur with this recommendation. Spectators who are wheelchair users should have the choice, as non-disabled spectators do, of selecting and purchasing seats that are suitable. They should have options for doing this, and one of the methods should be via an online booking facility. All ticket office staff responding to queries from disabled spectators (either by telephone or email) should be familiar with the stadium layout, including viewing areas, facilities and services for wheelchair users.

It was recognised by both the ODI & DCMS (2015) report and the empirical data generated by this PhD research that the standard and availability of toilet facilities for disabled spectators needs to be better understood and addressed by clubs. It is recommended that all stadia should meet best practice in the provision of accessible toilets on each level within the stadium, with a variation left and right-hand transfer

layouts. Clubs should endeavour, if feasibly possible, to provide two 'Changing Places' toilet facilities, one at either end of the stadium. This PhD research highlighted the importance of providing toilet cubicles with RADAR locks and the need for the accessible toilet areas to be monitored by stadia staff.

With regard to concession facilities, spectators who are wheelchair users should be able to make independent use of refreshment facilities, including self service outlets. Bars and service counters should be close to the accessible seating areas and accessible to all, including wheelchair users. This PhD research proposes that clubs should provide accessible concession stands that can be reached from all accessible seating areas and that wheelchair users should not be located in viewing areas that are isolated from the rest of the stadium, denying them the ability to purchase refreshments. Football clubs should provide assistance for all who require it at the stadium concession stands, for the purchase of food and drink.

The ODI & DCMS (2015) report recommended that whilst training should be provided to match-day stewards, it should also include every member of staff who is 'customer-facing'. Any such training must be regularly reviewed and updated and "should be provided by disabled people who have the lived experience of having an impairment" (ODI & DCMS, 2015, p.12). Although this PhD research concurs with this recommendation, it further proposes that clubs commit to providing all match-day personnel and volunteers with disability equality training and that this training is refreshed every two years. Clubs need to demonstrate that negative attitudes and behaviour towards disabled spectators will not be tolerated. All stadia personnel and volunteers should be trained to recognise negative attitudes; be encouraged to report it; and be supported if they need to take action. Based on the findings of this PhD research, it is also recommended that clubs establish a procedure for dealing with inappropriate attitudes, when displayed by stadia and club staff or volunteers.

In addition to the recommendations set out in the ODI & DCMS (2015) report, this PhD research proposes that the revisions to accessible stadia guidance should specify that every football club needs to appoint a dedicated Disability & Access Officer (DAO) to be responsible for ensuring that inclusive facilities and services are provided for all spectators, personnel, volunteers and visitors. Crucial to the duties of this role is to

administer the implementation of the club's disability policies and procedures. Therefore, the DAO should and have a precise and thorough understanding of disability legislation and good practice solutions to providing an accessible stadia. The findings have shown that there is a need for a key member of club personnel to ensure the club is proactively fulfilling its duties towards disabled people and is constantly improving access to the stadium facilities and services. The DAO should also organise disability equality training for all club and stadia personnel and volunteers and provide advice, where necessary. It is important that the DAO is present on busy match-days, reporting directly to the stadium manager and a senior club official who has overall responsibility for disability matters and providing inclusive access. To summarise, table 8.2 lists the recommendations that have been identified by this PhD research to be included in the revised accessible stadia guidance.

Table 8.2 Revising accessible stadia guidance: Summary of recommendations

Recommended revisions to accessible stadia guidance
Comprehensive access information regarding stadia facilities to be made widely available to disabled spectators and provided to match-day stewards (in different formats)
Clubs should work in partnership with local transport providers to secure travel solutions for disabled spectators, including wheelchair users
Clubs to allocate 1% of general seating as accessible seating for wheelchair users
Clubs to allocate 1% of hospitality seating as accessible seating for wheelchair users
Clubs to provide seating for wheelchair users that accommodates family and friends
Clubs to provide seating for away team spectators who are wheelchair users within their own supporter base
Clubs to provide an online booking system that can be used by spectators who are wheelchair users
Clubs to ensure that accessible toilets meet best practice guidelines and are provided on each level within the stadium, with a variation of left and right-hand transfer layouts
Clubs to provide two 'Changing Places' toilet facilities, one at either end of the stadium
Clubs to fit accessible toilets with RADAR locks and have them monitored by stadium staff
Clubs to provide concession stands that are close to the accessible seating areas and accessible to all, including wheelchair users
Clubs to provide assistance for all for the purchase of food and drink
Clubs to provide all match-day personnel/volunteers with regular disability equality training
Clubs to establish a procedure for dealing with inappropriate attitudes of stadium and club staff/volunteers
Clubs to employ a dedicated Disability & Access Officer (DAO)

These recommendations have been devised to supplement or clarify what appears in the current accessible stadia document. The accessible stadia guidance, although published in 2004, still remains a good practice handbook for delivering accessible facilities at stadia to meet the needs of disabled football spectators. However, "much has happened since then in terms of culture change, legislation and demographics" (SGSA, 2015a, p.2) and there is a need to update and refresh this document. The recommendations that have been identified from this PhD research provide a summary of what emerged as representing meaningful provision for wheelchair users in football stadia in England and are intended to assist with the process of revising the guidance.

It is important to note, however, that the revised accessible stadia guide is an advisory document. Stadia design and management teams may develop their own additional creative solutions; and there may be other physical or operational plans, recommendations and schemes that achieve meaningful provision for spectators who are wheelchair users. As such, the standards contained in the revised accessible stadia guide should not be perceived as the only way of facilitating improvements to access. Achieving meaningful provision in football stadia requires more attention than simply following accessible stadia guidance, it also requires an ongoing and evolving process of consultation and review. This process of consultation and review involves engagement with disabled end-users, which is discussed in the following section.

8.2.3 Engaging with disabled end-users

This PhD research has highlighted the importance of football clubs undertaking to consult with disabled spectators, including wheelchair users, on all accessibility issues affecting football stadia in England. As previously discussed, accessible stadia guidance, however thorough, should not replace direct input from disabled spectators when stadia are designed, managed and operated. The ODI & DCMS (2015, p.14) report confirms that clubs must work with disabled spectators to "co-produce any changes to the physical features, or club policies that might affect disabled spectators". In terms of the design process, when new stadia are built; or existing stadia are redeveloped, extended, altered or refurbished, stadia architects and designers need to (i) consider how the stadium, extension or alteration will be used; and (ii) examine the success of their designs following construction, in order to inform

future design. A crucial element in this process is early consultation and engagement with disabled spectators. The Centre for Accessible Environments (CAE), who work with many disabled people and representative groups assert that "The role of consultation and engagement in the design process is either not happening or is undervalued and poorly managed" (CAE, 2016, p.2). Furthermore, Approved Document Part M states that "retrospective alterations can be costly and disruptive" (HM Government, 2015a, p.14) and so should be avoided. One of the key stakeholders stated, if stadia have already been designed prior to a consultation process taking place, then developers may be disinclined alter their plans (Inspector, Sports Ground Safety Authority). The CAE (2016, p.8) concur with this, arguing that there are barriers to effective public engagement and that "Realistically many schemes have already been designed before they reach consultation stage and then the designers are reluctant to make changes".

It is important to emphasise that the issue of engaging with disabled end-users is not confined to the design of football stadia, but is relevant to all building design. Spending time with the end-users of the prospective building, space or place and having access to them throughout the design process is central to achieving inclusive environments (Design Council, 2014a). The built environment has to reflect an understanding of the requirements of disabled end-users and this can be achieved by engaging with them and incorporating their needs in the subsequent design plans. However, Imrie (2006) argues that architectural practice is non-democratic in nature and far removed from public participation, making it difficult for consultation with disabled end-users to be facilitated during the design process. Despite this reluctance, as this PhD research has shown, it is imperative that the design process relates to the needs of spectators who are wheelchair users. In order to create designs that cater for such needs, disabled end-users, including wheelchair users, must be consulted with as a central part of the design process from the pre-planning stage through to the construction phase.

There are broader issues to be considered, evident from this PhD research, in the way access for disabled people has historically been provided as an 'add on' feature, instead of being part of an inclusive design process, which is still prevalent today. It can be argued that much of the built environment displays add-on features, but this

can partly be attributed to the legal requirements of English Heritage (Andani, Rostron & Sertyesilisik, 2013). In their investigation into access issues affecting three listed English heritage buildings, Andani et al., 2013 assert that substantial problems arise when trying to balance the issues of providing an accessible built environment with conservation obligations. "Through the use of the word 'reasonable' the DDA has allowed a large degree of subjectivity to be applied to the provision of access within the historic built environment" (Andani et al, 2013, p.31). As such, significant alterations to augment access cannot be implemented due to heritage restrictions that can act as a barrier to change in the built environment.

The tendency remains for access to be considered as a supplementary or separate area of design and not as an integral element from the outset of the project, something which is reinforced by building regulations. As this PhD research has acknowledged, new football stadia designed inclusively from the outset will need fewer renovations in the future and therefore should not face expensive retrofits. To summarise, the engagement with disabled end-users at the initial stages could be significant in order to avoid: (i) Provision for disabled people being an 'afterthought'; and (ii) making expensive modifications following construction.

It is recommended that consultation meetings are facilitated to bring together disabled spectators, including wheelchair users, and designers. Any changes to the design should be presented to disabled end-users to ensure that their ideas have been effectively interpreted. By engaging with disabled spectators, it is envisaged that stadia designers and management will accept higher standards of access as a necessary requirement. As previously mentioned, this reduces the risk of additional costs when considered early on in the design process. Discussions should centre around how the football stadium, and the environment around the stadium, will be used on both a match-day and a non-match day. It is further recommended that facilities are tested and feedback given as part of a continuous process of improvement and development in stadia design.

Stadia design is just one area that would benefit from the involvement of disabled spectators. Once a stadium is in use, it is essential to continue the consultation process with disabled spectators so that they can inform stadia management and

operational procedures. Disabled spectators should be consulted as part of the club's decision-making process, when changes are proposed. These changes may be to policies, practices and processes, or more general stadia management and operational activities. Football clubs must ensure that disability issues are considered at all levels of the business and this can be assisted by consulting with disabled spectators before any decisions are made in areas which directly affect them. As this PhD research has shown, clubs must work with disabled spectators, including wheelchair users, to ensure that their experiences are considered and their views taken into account. Where possible, the wheelchair users should be male and female, as this may be significant if discussing, for example, the management of toilet facilities. Understanding a diverse range of needs is essential in assisting those involved in stadia operation to understand the benefits of employing inclusive policies, practices and procedures.

An interesting idea to emerge from the one of the key stakeholders who contributed to this PhD research was that football leagues, specifically the Premier League, should establish supporter panels. The supporter panels would comprise of a cross-section of football supporters who followed different teams across the league, meaning that they would not be focussed solely on the team they supported (and how their team was performing). As a result, the engagement and the debate could be more wide-ranging and concentrate on discussing, for example, ticketing policy or stadia facilities. The key stakeholder had previously been involved with a supporter panel and reported that he had found it to be both useful and informative.

> *One of the things I set up at the Premier League was supporter panels, which the clubs funded, but were ran independently. We had someone running those who had been involved with the Football Supporters' Association (FSA) and they were really useful in feeding back information and data… I think they were quite helpful. We didn't get that tension of how the team is doing, because you can't complain to the Premier League that your team hasn't bought a striker! It's maybe easier to talk about the issues you want to focus on* (Football consultant, former CEO football club, 2017).

It is recommended, therefore, that the individual English football leagues trial supporter panels that are managed independently and that disabled spectators, including wheelchair users, are encouraged and assisted to become participants. If the panels are found to be useful opportunities for engagement and consultation, then

the potential for establishing them on a more permanent basis should be explored. Table 8.3 lists the recommendations that have been identified by this PhD research with regard to engaging with disabled end-users.

Table 8.3 Engaging with disabled end-users: Summary of recommendations

Recommendations for engaging with disabled end-users
Built environment professionals to engage with disabled end-users from the pre-planning stages through to the construction phase
Stadia designers to consult with disabled spectators, including wheelchair users and incorporate their feedback into the designs
Clubs to maintain an on-going engagement with disabled spectators, including wheelchair users regarding stadia design, management and operation
Football leagues to explore the potential for independently managed supporter panels, which include wheelchair users, to consult with on club activities

Accessible football stadia and inclusive services and facilities are in the interests of staff, volunteers, supporters and customers with a wide range of requirements and needs. Input from disabled spectators can make a valuable contribution towards achieving inclusive services and facilities, but to achieve the best outcome from engaging with disabled spectators, it is imperative that football clubs use their feedback to make improvements. To ensure that the stadium is managed and operated more inclusively, club management needs to co-ordinate disability and access issues across the range of club activities. The main conclusions reached with regard to co-ordinating stadia management and operation are examined in the next section.

8.2.4   Co-ordinating stadia management and operation

It is acknowledged that no two football stadia are identical and that "management and clubs do not manage their promotion, ticketing, catering or staff training in identical ways" (SGSA, 2004a, p.20). This has been emphasised by the findings of this PhD research, which suggested that football clubs did not have a consistent approach in their responsibilities and actions towards spectators who are wheelchair users. A need was identified for the development and implementation of a co-ordinated, standardised approach to provision for disabled spectators, with specific reference to wheelchair users. It is recommended that stadia management and operational activities are formalised to provide consistency to ensure that existing and new club policies,

practices and procedures do not contradict good practice accessible stadia guidance. It is also recommended that the same co-ordination and consistency is applied when responding to feedback from disabled spectators, including wheelchair users.

One essential area, identified by this PhD research is the need to provide regular disability equality training for all club and stadia personnel and volunteers. It is accepted that some continuity can be achieved by using regular or permanent match-day stewards, or 'disability stewards', in the accessible seating areas for wheelchair users. However, the findings revealed that the use of 'disability stewards' is not widespread across football stadia; and there are other club and stadia personnel who directly impact upon the experience of disabled spectators, who should also receive disability equality training. This is an area that needs co-ordinating in a consistent manner as a part of stadia management and operation. If the club have appointed a Disability & Access Officer (DAO), then management of the disability equality training programme should be one of the responsibilities of this role. As previously discussed, the appointment of a DAO is important in ensuring that club and stadia personnel are fully trained and capable of handling access and disability issues, including getting to, from and around the stadium, car parking, facilities, spectator viewing areas and emergency evacuation procedures. The DAO should also be involved in pre-match planning with the stadium manager and act in an advisory capacity on matters related to disabled spectators.

This PhD research also indicated that, in order for stadia management and operation to become more interconnected, disability issues need to be given due attention at all levels of stadia management and operation. The literature review and findings showed that providing disabled spectators with an inclusive and equitable experience in English football stadia did not appear to be a priority for club management. It is recommended that several measures should be employed by clubs to facilitate a consistent and co-ordinated approach. To begin with, football clubs need to clearly state (on their website and in club documents) their commitment to equality and to providing the best possible facilities and services for disabled spectators. A brief description of the inclusive facilities and services available at the stadium for disabled spectators should form part of this statement of commitment. For the purposes of this PhD research, the Centre for Access to Football in Europe (CAFÉ) (2011) categories

of 'facilities' and 'services' is used. Facilities include: Stadium entrances and concourses; seating; stands and amenities; club shop; catering and refreshment areas; hospitality and conference areas; VIP areas; staff offices; ticket office; and main reception. Services include: Club operations; ticketing; personal assistance where required; information (i.e. on accessible facilities and services such as accessible match-day parking); travel information; customer service contacts; and accessible helplines, websites, publications and match-day programmes (CAFÉ, 2011).

Secondly, in order for disability issues to be vigorously advocated and supported, a senior executive (preferably a club director or board member) should be identified to take overall responsibility for issues concerning access and equality for disabled spectators. It is critical that the senior club executive has the authority to implement and change policies where necessary. Other areas to be supervised by the senior club executive are the drafting of an access statement (by a qualified access auditor); producing an access plan with timescales for improvements to ensure equal access to club and stadium premises, facilities and services; and reviewing this access plan annually as part of the club's ongoing commitment to making improvements to its facilities and services for disabled spectators.

Initially, the senior executive will need to engage a qualified, independent access auditor to conduct an access audit of the stadium and club premises. The access audit report will be the foundation for addressing the access needs of disabled people. It is essential that the auditor has previous experience in auditing football stadia and is knowledgeable in the principles of inclusive design and accessible services, as well as disability and equality legislation, building regulations and accessible stadia guidance. Following the completion of the access audit report, an access plan should be drafted, supervised by the senior executive, which includes an ongoing and evolving process of consultation and review.

The creation of an action plan can also ensure that every aspect of the club's operations have been addressed and implemented. In addition to training for club and stadia personnel, there are other activities that a football club engages in that can impact on the provision for disabled spectators. The findings of this PhD research indicated that club activities were not always operating in a co-ordinated manner. For

example, it was reported that ticketing arrangements for disabled spectators were not linked to a coherent marketing strategy; and ticket office staff were not part of a disability equality training program. Furthermore, this lack of co-ordination across the range of club practices was not being addressed by club management.

Inclusivity is not just about the wheelchair spaces within the stadium and it's not just about compliance with the guidance documents. It goes beyond that to how the club co-ordinates its activities. And this co-ordination is lacking, it is definitely lacking (Local Authority access officer, planning, 2017).

To ensure a co-ordinated approach is adopted, it is recommended that the senior club executive with responsibility for disability and access issues (assisted by the Disability & Access Officer) considers the following areas:

1. Club policies
2. Club mission statement and/or customer charter
3. Ticketing arrangements
4. Health & safety and safeguarding issues
5. Provision of information
6. Commercial enterprises
7. Marketing strategy
8. Consultation processes

Following the assessment of these areas, recommendations for change should be made and implemented, where necessary. The outcome is expected to be that club and stadia facilities and services will operate in a more co-ordinated manner with regard to disabled spectators, including wheelchair users. Table 8.4 lists the recommendations with regard to co-ordinating stadia management and operation.

In conclusion, the senior club executive with responsibility for disability and access issues will need to implement and review inclusive policies and procedures; authorise the disability equality training program; and review management strategies going forward. The senior club executive is in a position to bring about real change and their role should include a commitment to assess the outcomes of the changes they have implemented to evaluate whether they have achieved their objectives. This would not only improve co-ordination of club practices, but also mean that the stadium would be

more responsive to change. Being more responsive to change and recognising the need for change is explored in more detail the next section.

Table 8.4
Co-ordinating stadia management and operation: Summary of recommendations

Recommendations for co-ordinating stadia management and operation
Clubs to establish a process for ensuring that existing and new club policies, practices and procedures meet current accessible stadia guidance
Clubs to establish a process for ensuring that feedback from disabled spectators is responded to in a consistent manner
Clubs to prioritise regular Disability Equality Training for all club and stadia personnel
The club's Disability & Access Officer should be tasked with advising on and co-ordinating operational matters which affect disabled spectators
Disability issues should be given due attention at all levels of stadium management
Clubs to state (on their website and in club documents) their commitment to equality and to providing the best possible facilities and services for disabled spectators
Clubs to identify a senior executive to implement policies that relate to disability and access matters
Clubs to draft an access statement, assisted by a qualified access auditor
Clubs to produce an access plan with timescale for improvements to ensure equal access to the club and stadium
Clubs to review the access plan annually as part of an ongoing commitment
Clubs to commission an access audit with an independent, qualified access auditor
Senior club executive to review club activities to ensure they operate in a co-ordinated manner with regard to disabled spectators

8.2.5 Recognising the need for change

This PhD research has argued that the pace of change across the English football industry has been slow, despite the practical, economic and moral reasons why change is necessary. To begin with, designing, managing and operating stadia inclusively is a pre-requisite for 'future-proofing' stadia so that they can adapt over time. As the Centre for Access to Football in Europe (2011, p.14) claim "accessible built environments are economically attractive. Functionally they are more flexible and the infrastructure more sustainable as there is less need for expensive adaptations at a later stage". Stadia that have been inclusively designed can realistically accommodate increased demand from disabled spectators, including wheelchair users. This makes the stadium more economically viable.

Secondly, there is the moral argument that attending sports stadia "is an integral and vital part of English culture and tradition, and no one should be excluded on grounds of disability" (SGSA, 2015a, p.2). A spectator who is a wheelchair user has the right to equitable access to the stadia and the benefits of inclusiveness, empowerment and self-confidence that attending a live match can have on a disabled spectator should not be underestimated (Holmes, 2015). Football clubs need to change their thinking and see spectators who are wheelchair users as valued customers, with inclusive stadia provision seen, not only as a moral issue, but also as making good business sense.

It is important to take an inclusive approach to stadium design, management and operation in order to look beyond the boundaries of minimum standards to meet the needs of the potentially larger number of disabled people wanting to attend football matches. At any given time a significant number of people will directly benefit from inclusively designed stadia; almost everyone will benefit at some time in their lives, as a result of either temporary impairment, or the ageing process (and the accompanying reduction in mobility and other functions). However, as this PhD research has revealed, there can be tension between users when such provision is not widespread. This tension can be particularly apparent when different users, for instance a wheelchair user, an older person and a person with a temporary impairment all have need of an accessible facility. Taking the example of the accessible toilet, when there are only a few such cubicles provided in a stadium this can result in competition. Using the statement made by one of the spectators earlier in the thesis, regarding someone with a temporary impairment (injured foot) who wanted to use the accessible toilet, which she felt was restricting her access, the potential for conflict can be seen. This person also required the accompanying adaptations the cubicle provides, but the wheelchair user on this occasion had a concept of 'ownership' that in her mind dictated who was permitted to use the accessible facility. She viewed the man with the injured foot as being less in need of the accessible facility than she was, as her perception was that he could use other toilets, whereas she did not have that option. From her perspective, the person with the temporary impairment had a 'lesser' need for the accessible facility and therefore by using it he would restrict her access, hence her reporting this as a 'barrier' during

her interview. This supports Bichard's (2015, p.380) contention that "The accessible cubicle can be considered to encapsulate issues of ownership and entitlement that are becoming increasingly socially divisive". It can be argued, therefore, that this will continue to be the case in stadia as the increase in the number of older people requiring accessible features rises and as demographic changes take effect.

> *The average age of a Premier League fan in this country is 46 years old and these 46 year-old people in twenty years' time, a lot of them could be in wheelchairs. But clubs haven't thought about their existing customer base and the implications of an ageing customer base* (Adviser sports marketing and branding, 2017).

As football spectators become more representative of the wider community and as the national demographic trend moves towards an increasingly ageing population, the number of disabled and older people wanting to attend matches with their families and friends is likely to rise. The Football Association, the English leagues and the football clubs all have roles to play in ensuring that stadia offer an inclusive experience to disabled spectators.

The recognition of the need for change begins with football governance in England, and football's governing body, the Football Association (FA). As this PhD research highlighted, the English FA has been criticised for a lack of diversity in its leadership roles in football and at board level. It is suggested that the FA should recognise the need for change and work in a collaborative way to address this lack of diversity. One of the ways that this can be achieved is through actively recruiting disabled spectators, including wheelchair users to be part of FA advisory and governance panels.

In 2003, the FA published guidance for professional clubs (Football Association, 2003); and in 2004 guidance for non-professional clubs (Football Association, 2004), in response to the 1995 Disability Discrimination Act (DDA) and immediately prior to the implementation of the 2004 deadline. The DDA was replaced by the 2010 Equality Act and many of the references in the FA guides are outdated. Additionally, as the 2010 Equality Act provides for an evolving and anticipatory duty, what was considered acceptable in 2003 may no longer be relevant. It is recommended that the FA updates its guidance documents (i) to address the changes that have occurred since the first publication; and (ii) to recommend current best practice solutions.

In professional English football, self-regulation measures were introduced by the two main English leagues, the Premier League and the Football League. It is recommended that the Premier League and the Football League impose comprehensive rules on inclusive and equal access to stadia facilities and services as part of their club licensing requirements. Compliance with the requirements of the licence should be a condition of membership of the respective league. The Premier League (2009) and the Football League (2010) have also published guidance on management and operational matters at football stadia for disabled supporters and customers. It is recommended that these documents are also updated to correlate with current accessible stadia guidance. This will reduce the potential for confusion as to what represents good practice provision in stadia across the country.

If the need for change is recognised and embraced by the football industry in England, then football clubs can move forward and actively market the inclusive facilities they offer. For example, football clubs could consider providing local disability organisations with information about their facilities and services to ensure the club is reaching the wider community and to encourage new customers and spectators. In addition, clubs should set up accessible websites that provide all relevant information for disabled spectators, including wheelchair users. Table 8.5 lists the recommendations with regard to recognising the need for change, which includes recommendations for future-proofing stadia.

Table 8.5 Recognising the need for change: Summary of recommendations

Recommendations for recognising the need for change
The English FA should actively recruit disabled spectators as panel members
The English FA should update its guidance documents
The relevant football league should impose rules for their clubs regarding equal access to stadia for disabled spectators as part of their club licensing requirements
The Premier League and the Football League should update their guidance documents to correlate with revised accessible stadia guidance

At the start of this PhD research process there were five objectives. The first objective of this PhD research was to assess the design process in England, the legislation, the underpinning regulations and the guidance and how this meets the needs of

wheelchair users. This was informed by the literature review, Chapter 3: 'Disability and the Design Process', which analysed the move towards inclusive design methods, Part M building regulations and guidance BS 8300. The second objective of this PhD research was to evaluate the accessibility of English spectator sports and appraise the design guidance for stadia that can facilitate access to it. This was informed by the literature review, Chapter 4: 'Accessible Stadia Provision in England', which appraised accessible stadia design guidance; the Olympic and Paralympic Legacy; and the accessibility of spectator sports in England. The third objective was to investigate the everyday wheelchair user experience when attending/trying to attend football stadia. In order to achieve this objective two sources of data were examined (i) the secondary data provided by the survey results from the government's (ODI & DCMS, 2015) report on disabled spectators' experiences at sports stadia; and, (ii) the empirical data collection generated by this PhD research, that is, the interviews with the 20 spectators who were wheelchair users. This was achieved in Chapters 6 and 7, the analysis of the spectators' experiences of stadia regarding what they felt made access easier and what represented a barrier to access for them. The fourth objective was to understand the determining factors that can constrain or enhance provision for spectators who are wheelchair users at football stadia. In order to achieve this objective two sources of data were examined (i) the secondary data provided by the survey results from the government's (ODI & DCMS, 2015) report on club perspectives of provision for disabled spectators at sports stadia; and, (ii) the empirical data collection generated by this PhD research, that is, the interviews with the eight key stakeholders with expertise in football commerce and the design and management of stadia. This was achieved in Chapters 6 and 7, the evaluation of the themes that emerged from the data in terms of what could restrict accessible stadia provision for spectators who are wheelchair users in football stadia. The fifth and final objective was to recommend changes and improvements, as identified by this PhD research, to enhance the experience for spectators who are wheelchair users. This was achieved in the previous section of this chapter, whereby recommendations were put forward by the researcher regarding: Changing legislation and building regulations; revising accessible stadia guidance; engaging with disabled end users; co-ordinating stadia management and operation; and recognising the need for change.

8.3 Contribution to knowledge

There are several aspects to this PhD research that are original contributions to knowledge. The following discussion considers how the PhD research makes a contribution to theoretical knowledge, design practice and achieving accessible football stadia provision for wheelchair users.

This PhD research contributes to the existing literature in significant ways. By focussing on 20 wheelchair users and eight key stakeholders' experience of the design and service delivery of football stadia, this PhD research brings various strands of literature together, assimilates that knowledge and applies it to football stadia.

The challenges and barriers that have restricted the provision of accessible football stadia in England for spectators who are wheelchair users is acknowledged. Disability is defined from the social model; it is barriers within the environment and negative social attitudes that exclude disabled people in society. Rather than defining disability as an individual problem, whereby the disabled person has to adapt to the existing built environment, this PhD research recognises disability as a human difference. As such, it contributes towards understanding the socio-cultural, economic, and organisational barriers that are faced by disabled people.

This PhD research builds upon the existing research regarding the barriers to social mobility faced by wheelchair users, and the design practices that can facilitate access. It concludes that the design of the built environment has not always provided disabled people, specifically wheelchair users, with a socially inclusive experience. The confirmation that the social model has still not been fully embedded into design processes contributes to the current debate about the significance of built environments that disable rather than enable.

This PhD research presents the story of 20 wheelchair users' everyday experience in football stadia and captures the perspectives of eight key stakeholders involved in football commerce and stadia design, management and operation. In this sense some of the work can be viewed as audience study in relation to service design, which is a unique aspect of built environment research. The findings from the empirical data collection fill a significant gap in research by evaluating the provision for spectators

who are wheelchair users in English football stadia; and by appraising what can constrain or enhance provision. This informs design guidance and practice to enable built environment professionals to gain a much fuller understanding of how to design stadia that are socially inclusive.

The contribution to knowledge of this PhD research is broader than just wheelchair users in football stadia; there are other sports, other areas and other users. The role of consultation with disabled end-users in the design process is not unique to football stadia, but is transferable to the design of other buildings, spaces and places. The principle of acknowledging human diversity and involving disabled end-users in the design and implementation phase should be widespread so that environments can become adaptable to the users' needs.

This PhD research is the first to analyse the experiences of spectators who are wheelchair users together with the perspectives of key stakeholders, subsequently using the outputs from this data to discuss the physical, management, operational and attitudinal barriers that exist in English football stadia. Furthermore, this PhD research contributes towards creating inclusive environments by taking an active role and making several recommendations to improve accessible stadia provision for spectators who are wheelchair users. The main conclusions contribute to current design practice by suggesting improvements to legislation and building regulations and revisions to accessible stadia guidance.

This PhD research highlights that building regulation Approved Document M has failed to achieve inclusive design in football stadia, although it has led to some accessibility enhancements for disabled spectators. The main conclusions also contribute to a fuller understanding of the impact of football commerce and stadia management and operation on disabled spectators, notably wheelchair users. This research contributes towards a better understanding of disability and accessible stadia design by illustrating the importance of inclusive operational procedures; disability equality training for stadia personnel; and recognising the need for change across the football industry.

The key contribution of this PhD research is outlined here by providing user experience that suggests an urgent need for improvements to legislation, building

regulations and revisions to stadia guidance and that current design practice might use such evidence to pre-empt such legislative requirements. It presents an extended approach that can be applied to an area (football stadia) that has woefully neglected to include the experience of disabled spectators, especially wheelchair users in consideration of its physical and service design.

To conclude, this PhD research can play a part in bringing about a shift in attitudes towards football governance and the design, management and operation of English football stadia. A new approach centred on engaging with disabled end-users, including wheelchair users and consulting with them on an ongoing basis can result in stadia that are 'future-proofed' which would represent meaningful provision for spectators who are wheelchair users in football stadia in England.

8.4   Challenges and research limitations

The main challenge of this PhD research relates to the difficulty in arranging the collection of the empirical data; that is, the semi-structured interviews with 20 spectators who are wheelchair users and the eight key stakeholders. This proved to be resource intensive for a part-time, self-funding student; and the volume of the empirical data generated by this PhD research made the analysis and interpretation process time consuming.

A further challenge was that the researcher's presence during data gathering, which was unavoidable during the semi-structured interviews, may have affected the participants' responses. The researcher was aware that her background and position had influenced what she had chosen to investigate; the methods she had employed to collect the data; the findings considered most appropriate; the discussion; and the main conclusions drawn from the findings. To alleviate the influence of this, throughout the qualitative interviewing the researcher sought to be 'self-searching'; examining herself as a researcher; the research relationship; and her assumptions and preconceptions.

It is important that any potential research limitations are identified and acknowledged in this PhD research. One limitation is that research quality is heavily dependent on the individual skills of the researcher and consequently more easily influenced by the

researcher's personal biases, as outlined above. Despite the researcher making a conscious effort to preserve objectivity at all times, this can mean that rigor is more difficult to maintain, assess, and demonstrate.

Occasional challenges arose regarding issues of anonymity and confidentiality, which could have presented problems when reporting the findings from the semi-structured interviews with two of the key stakeholders. The sections of their interview testimony containing names or other references that could potentially identify them were replaced to preserve anonymity and confidentiality.

The limitations of the study are recognised in that this is a small-scale study on which to make recommendations for change. The researcher would have preferred a larger number of participants to form the basis of her conclusions. In order to feel more confident and precise in making recommendations for improvements, further research should be carried out with a larger number of participants. The narrow time frame and limited research funds were the rationale for not extending this PhD research to include more spectators who are wheelchair users from across the country. Likewise, the researcher would have preferred to interview additional key stakeholders, but was restricted for the same reason. However, these early indicative results may be used to establish further research in this area.

8.5   Opportunities for future research

One of the main aims of this PhD research was to explore how meaningful provision for spectators who are wheelchair users could be achieved in English football stadia. This was accomplished in the recommendations that were put forward with regard to changing legislation and building regulations; revising accessible stadia guidance; engaging with disabled end-users; co-ordinating stadia management and operation; and recognising the need for change. These recommendations are centred on general aspects of enhancing accessibility at football stadia and taken from the main conclusions drawn from this PhD research. The input from the 20 interviews with spectators who are wheelchair users focused on the stadia's built environment and the management and operation of club activities, to ascertain what can limit or improve accessibility. To gain a fuller picture of how accessible English football stadia are, this needs to be repeated (i) on a larger scale; and (ii) with other disabled spectators, not

just wheelchair users. The results from this PhD research may be used to establish research questions and parameters for a wide-ranging and more conclusive investigation.

With regard to the interviews with the eight key stakeholders with expertise in football commerce and stadia management and operation, significant findings were reported. However, to have any real authority, this needs to be repeated on a larger scale. There should be more than one representative from each key stakeholder category, that is, interviews with several stadia architects; several local authority planning officers; several match-day stewards, and so on. Secondly, the series of interviews with the eight key stakeholders reported some of the key issues that can constrain or enhance the provision of accessible football stadia, but did not focus on other aspects, such as what factors were restricting those involved in Building Control from ensuring compliance. Further study of how these aspects can interact to achieve an inclusive stadia environment would be required, which are beyond the parameters of this PhD research.

The literature review identified that the lack of consultation with end-users was a problem across the design industry (Goodall, 2010; Imrie 2012; Inalhan, 2012; Design Council, 2014b), but there is the potential to conduct further research to determine why architects are not consulting with disabled end-users. Additionally, lack of engagement is not just confined to disabled end-users (Design Council, 2014b; Hewitt, 2016), or football stadia, and there are potential opportunities to investigate this further. For example, research that focuses on designers, developers and architects initiating a process of engagement with the potential end-users of their designs and how such interaction can promote inclusiveness. It is acknowledged that this would be part of a larger exercise that is outside the remit of this PhD research, however this study recognises the gap in this area and makes an initial contribution based on the findings from the data generated.

8.6   Summary

This chapter has evaluated the results from this PhD research and made several recommendations regarding how the barriers to accessible stadia provision in England can be overcome. One of the main conclusions is that a successful consultation

process is fundamental to achieving buildings, spaces and places which function in a more inclusive manner and which are embraced by the people who use them on a regular basis (Design Council, 2014a). Additionally, consultation processes, to be successful should maintain a continuous dialogue with end-users and establish links to gain feedback. This feedback can be used to inform ongoing stadia management and operation. However, this PhD research found no evidence of an established framework for involving the 20 spectators who were wheelchair users in stadia design, management and operation.

Although mandatory equality legislation and building regulations have developed over time and accessible stadia guidance was produced in 2004, this PhD research concluded that this has not resulted in inclusive stadia design in England. By providing basic accessibility standards, the Approved Document lacks substance and does not offer explanations as to why a particular provision is important, which can lead to confusion and misinterpretation by built environment professionals.

Furthermore, accessible design is only partially covered by mandatory building regulations, and whilst this is the case, many built environment professionals will continue to build to meet minimum requirements in stadia. The experiences of the participants who took part in this PhD research suggest that these requirements have not been met and their testimonies could be of use to other stadia designers. Significantly, this PhD research concluded that without government regulation and enforcement, this situation is likely to continue. It is doubtful that individuals will legally challenge poor provision, due to the financial outlay, uncertainty and complexity of bringing a legal action.

Another of the main conclusions was that, despite some areas of improvement that were identified, there is generally an inconsistency in the extent to which design standards and accessible stadia guidance are followed. The British Standard BS 8300 (BSI, 2009) and the Accessible Stadia Guide (SGSA, 2004a) cover the main design principles required to create an inclusive and accessible stadium, but they tend to be viewed by many stadia developers and designers as voluntary standards and "many developers do not embrace them during design" (Centre for Accessible Environments, 2016, p.2).

Finally, this PhD research has shown that spectators who are wheelchair users are often undervalued and that this is reflected in the provision that they receive at football stadia. It seems that football clubs reflect the slow pace of change that has beset the football industry and the built environment in England. However, as is evident from this PhD research, the football industry must change in order for meaningful provision to be achieved for spectators who are wheelchair users.

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Appendix 1
Office for Disability Issues (ODI) and Department for Culture, Media & Sport (DCMS) questionnaire (2015), "Disabled people's experience of spectator sports"

1. How interested are you in attending sporting events as a spectator – for example, to watch football, rugby, cricket, tennis matches?
- Very interested
- Fairly interested
- Not very interested
- Not at all interested
- No answer

2. Which sporting events are you interested in attending as a spectator? Please tick all that apply.
- Football
- Rugby
- Cricket
- Tennis
- Swimming
- Athletics
- None – not interested in any sport
- Other (please specify)

3. How often have you thought about attending a sporting event as a spectator in the last 2 years?
- Regularly
- Sometimes
- Rarely
- Not at all
- No answer

4. How often have you actually attended a sporting event as a spectator in the last 2 years?
- 10 times
- 5-9 times
- 3 or 4 times
- Once or twice
- Not at all
- No answer

5. Which sporting events have you actually attended as a spectator in the last two years? Please tick all that apply.
- Football
- Rugby
- Cricket
- Tennis
- Swimming
- Athletics
- Other (please specify)

6. How easy did you find the process of buying tickets for the sporting events you attended in the last 2 years?

- Very easy
- Fairly easy
- Varied too much to say
- Fairly difficult
- Very difficult
- Didn't need a ticket
- No answer

7. How easy was it for you to travel to and from the sporting events you attended in the last 2 years?
- Very easy
- Fairly easy
- Varied too much to say
- Fairly difficult
- Very difficult
- No answer

8. How well did the facilities meet your needs at the sporting events you attended in the last 2 years?
- Very well
- Fairly well
- Varied too much to say
- Not very well
- Not at all well
- No answer

9. How would you rate the disability awareness and attitudes of the stewards or staff at the sporting events you attended in the last 2 years?
- Very good
- Fairly good
- Varied too much to say
- Fairly poor
- Very poor
- No answer

10. How would you rate the attitudes of the other spectators at the sporting events you attended in the last 2 years?
- Very good
- Fairly good
- Varied too much to say
- Fairly poor
- Very poor
- No answer

11. What issues have you experienced at a sporting event you attended in the last 2 years? Please tick all that apply.
- Difficulty travelling to or from the venue
- Expensive to buy tickets
- Difficulty with the process of buying match by match tickets
- Difficulty with the process of buying season tickets
- Difficulty with buying tickets for away matches
- Difficulty accessing venues
- Facilities which did not meet your needs

- Services that did not meet your needs
- Difficulty watching/viewing the match
- Lack of disability awareness among stewards or staff
- Lack of disability awareness among other spectators
- Any other issues (please specify)

12. How often were you able to attend the sporting events you wanted to in the last 2 years?
- As often as I liked
- A little less often than I would have liked
- Much less often than I would have liked
- No answer

13. Why couldn't you attend sporting events as often as you would have liked in the last 2 years? Please tick all that apply.
- Too expensive
- Difficulty with the process of buying match by match tickets
- Difficulty with the process of buying season tickets
- Difficulty with buying tickets for away matches
- Difficulty accessing venues
- Facilities which did not meet your needs
- Services that did not meet your needs
- Difficulty watching/viewing the match
- Lack of disability awareness among stewards or staff
- Lack of disability awareness among other spectators
- Any other issues (please specify)

14. Sex
- Male
- Female
- Prefer not to say
- No answer

15. Age
- Under 15
- 16 – 39
- 40 – 64
- 65 and over

16. Do you have any health conditions or illnesses which affect you in any of the following areas?
- Vision - for example, blindness or partial sight
- Hearing - for example, deafness or partial hearing
- Mobility - for example, walking short distances or climbing stairs
- Dexterity - for example, lifting and carrying objects, using a keyboard
- Learning or understanding or concentrating
- Memory
- Mental health
- Stamina or breathing or fatigue
- Socially or behaviourally – for example, associated with autism, attention deficit disorder or Asperger's syndrome
- None of the above
- Other (please specify)

17. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? Choose one of the following answers

- Yes
- No
- Don't know
- No answer

18. Is your ability to carry out day to day activities reduced by your condition or illness? Choose one of the following answers

- Yes, a lot
- Yes, a little
- Not at all
- No answer

19. What aids and adaptions would you need if attending a sporting event? Please tick all that apply.

- Vision - for example, aids or adaptations to help you see the event
- Hearing - for example, aids or adaptations to help you hear the event
- Communication – for example, aids or adaptions to help you communicate with others
- Mobility - for example, aids or adaptions to help you move about, walk or climb stairs
- Dexterity - for example, aids or adaptions to help you lift, grasp or hold objects
- None of the above
- Other (please specify)

20. Please tell us about your employment status

- Employee working full-time
- Employee working part-time
- Self-employed working full-time
- Self-employed working part-time
- Unemployed
- Retired
- On maternity leave
- Looking after family or home
- Full-time student or at school
- Long-term sick or disabled
- On a government training scheme
- Something else

Thank you for your help.

If think you may be happy to participate in further testing in the coming weeks, please email odi.communications@dwp.gsi.gov.uk. Sending your details does not put you under obligation.

Appendix 2   Interview Guide: Spectators who are wheelchair users

1   Can you describe how you plan your attendance?
1a   When you are planning attendance, is there anything that makes this more accessible/easier for you?
1b   Is there anything that you find problematic, or which acts as a barrier?

2   Can you tell me about the process of purchasing tickets?
2a   During this process of purchasing tickets, is there anything that makes this more accessible/easier for you?
2b   Is there anything that you find problematic, or which acts as a barrier?
2c   If you do not purchase tickets, is there a reason for this?

3   How do you arrive at the stadium?
3a   Is there anything that makes this more accessible/easier for you?
3b   Is there anything that you find problematic, or which acts as a barrier?

4   Having arrived, can you now describe how you approach and enter the stadium?
4a   Is there anything that makes this more accessible/easier for you?
4b   Is there anything that you find problematic, or which acts as a barrier?

5   Once inside, can you tell me about moving in and around the stadium?
5a   Is there anything that makes this more accessible/easier for you?
5b   Is there anything that you find problematic, or which acts as a barrier?

6   Can you describe the wheelchair user seating area?
6a   Is there anything that accommodates you particularly well about the seating?
6b   Is there anything that does not suit you, or that you find problematic?

7   Can you describe the toilet facilities for wheelchair users?
7a   Is there anything that makes these facilities more accessible/easier to use?
7b   Is there anything that you find problematic, or which acts as a barrier?
7c   If you do not use the toilet facilities, is there a reason for this?

8   Can you describe the concession facilities for wheelchair users?
8a   Is there anything that makes these facilities more accessible/easier to use?
8b   Is there anything that you find problematic, or which acts as a barrier?
8c   If you do not use the concession facilities, is there a reason for this?

9   And now can you talk me through leaving the stadium?
9a   Is there anything that makes leaving the stadium safer, or more comfortable for you?
9b   Is there anything that makes it more challenging, or makes you feel insecure?

10   Are there any other comments you would like to make regarding the services and facilities at English football stadia for spectators who are wheelchair users?

Appendix 3   Interview Guide: Key stakeholders in design & management

Thinking about the project/stadium you have most recently been involved with:

1   Could you describe your role?

2   In terms of stadia design/facilities, did consultation take place with disabled spectators, specifically wheelchair users?

2a   IF YES: How is/was this facilitated?

2b   What happened with the feedback that was provided?

2c   Is there anything that was changed as a result of feedback from disabled spectators/wheelchair-users?

3   Can you describe any features that make the various stages more accessible or safer for wheelchair users?

4   Is there anything that could act as a barrier to access for wheelchair users?

For questions 3 & 4, think about:

Planning attendance

Arrival at the stadium

Approaching and entering the stadium

Moving in and around the stadium

Using the wheelchair user seating area

The toilet facilities

The concession facilities

Leaving the stadium

5   What, in your opinion, would have the biggest effect on how spectators who are wheelchair users access sports stadia?

6   Are there any other comments you would like to make regarding the services and facilities at English football stadia for spectators who are wheelchair users?

Appendix 4   Interview Guide: Key Stakeholders in football commerce

1 Understanding spectators and ensuring that their needs are met is an essential component of managing sports stadia. In your experience, is this is the case with football stadia in England?

1a What is your perspective on this?

2 In comparison to other English spectator sports how customer-focused is football? (For example, rugby is widely promoted as being family friendly).

2a Can you explain why this is the case?

3 The key driver for operating a commercially successful stadium is to provide a good customer experience, hence it is in the interest of stadium owners and management to encourage any potential spectators to visit, have a pleasant experience and return again. Are you aware of football clubs engaging with their supporters in order to improve their customer experience?

3a If yes, how do they facilitate this engagement with supporters, in your experience?

4 Football clubs will face competing demands in the management, development and operation of stadia. What is your perspective on how this could impact on disabled spectators?

5 A summary of the results from the first stage of the data collection showed that the needs of disabled spectators have, to a large extent, been overlooked by football clubs in England. Why do you think this is?

6 Under the UK definition of disability, around a fifth of the people using sports stadia will be defined as disabled and must be catered for in both stadium design and management. In your experience, do stadium designers, owners and management appreciate that the provision of an inclusive environment can offer new opportunities and the potential for increased profitability?

6a If they do appreciate the potential, how are they acting upon it?

7 From your perspective, what do you think are the main challenges associated with providing accessible football stadia in England?

Academic Audit and Governance Committee

College of Science and Technology Research Ethics Panel (CST)

To	**Jeanette Dodd (and Marcus Ormerod)**
cc:	**Professor Hisham Elkadi, Head of School of SOBE**
From	**Nathalie Audren Howarth**, **College Research Support Officer**
Date	**17/11/2014**

Subject: **Approval of your Project by CST**

Project Title: **Accessible sports stadia in England – what represents meaningful provision for wheelchair users and how can it be achieved?**

REP Reference: **CST 14/53**

Following your responses to the Panel's queries, based on the information you provided, I can confirm that they have no objections on ethical grounds to your project.

If there are any changes to the project and/or its methodology, please inform the Panel as soon as possible.

Regards,

Nathalie Audren Howarth

College Research Support Officer

Appendix 6   Participant Information Sheet

Name of project - Accessible football stadia in England – what represents meaningful provision for wheelchair users and how can it be achieved?

The purpose of the research - To explore the issues around stadium design and management in order to determine what services and facilities are required to enable independent wheelchair access to spectator events.

Researcher – Jeanette Dodd, who is a doctoral researcher at the University of Salford, will be carrying out the study under the guidance of Prof. Marcus Ormerod.

What is involved in participating? Jeanette will conduct an interview with you, at a mutually convenient time and location. There is no set timescale for the interview, but it is envisaged that it will last about 45-60 minutes. It will be audiotaped to ensure that all the information you provide is documented.

The benefits and risks - There are no particular benefits to you personally from participating in the study, but sharing your experiences will enable the researcher to (i) form a better understanding of how well the current provision at sports stadia is including or excluding fans who are wheelchair-users; and, (ii) understand how provision at football stadia is determined in practice.

Your participation in this study does not involve any risk and you have the right to withdraw at any time without prejudice and without providing a reason. All existing data already provided will be disposed of in the event of withdrawal.

Use of the data – All participants will remain anonymous. Data collected will be kept strictly confidential and will be stored on a computer in a file that is only accessible by password. In any subsequent analysis, your data will be related to your code number rather than your personal details. Only Jeanette will have access to your data, which will be destroyed 12 months after completion of the study.

Contact details:

Email: j.dodd3@edu.salford.ac.uk

Jeanette Dodd, School of Built Environment, Room 433b Maxwell Building, The University of Salford, Salford M5 4WT

University of Salford
MANCHESTER

School of Built Environment
Room 433b
Maxwell Building
The University of Salford
Salford M5 4WT

INVITATION LETTER

May 2016

Dear Participant

Thank you for responding to my advertisement and for taking the time to read the leaflet, which describes my study, *Accessible football stadia in England – What represents meaningful provision for wheelchair users and how can it be achieved?*

I have enclosed a participant information sheet, which gives answers to some of the questions you may have about the study. However, if there is anything further you would like to know regarding the research project, please feel free to ask me. I can be contacted via my university email address, which is: j.dodd3@edu.salford.ac.uk

If you are still happy to take part, then please sign the attached consent form, which confirms that you understand the purposes of the study and are aware of your rights as a participant. The completed and signed consent form can be returned to me at the above address (please find enclosed a SAE) or via email. Once I have received your form, I will contact you again to arrange a convenient time and location for the interview.

Many thanks for agreeing to participate in the study, which I hope will find a rewarding and informative experience. I look forward to speaking with you soon.

Yours sincerely

Jeanette Dodd
Ph.D. researcher
School of Built Environment

Enclosed: (i) Consent form; (ii) Participant information sheet; (iii) SAE

Appendix 8   Consent form: Spectators who are wheelchair users

University of Salford MANCHESTER   **School of the Built Environment**

Consent form for Ph.D. study - *Accessible football stadia in England – What represents meaningful provision for wheelchair users and how it can be achieved?* This consent form is designed to check that you understand the purposes of the study, that you are aware of your rights as a participant and to confirm that you are willing to take part.		
		Please tick as appropriate
TAKING PART	**YES**	**NO**
I have read and understood the leaflet describing the study		
I have been given the opportunity to ask questions about the study		
I agree to take part in the project. Taking part in the project will include being interviewed and recorded		
I understand that my taking part is voluntary; I can withdraw from the study at any time without giving a reason for why I no longer want to take part		
USE OF THE INFORMATION I PROVIDE FOR THIS STUDY	**YES**	**NO**
I understand my personal details such as phone number and address will not be revealed to people outside the project		
I understand that my words may be quoted in publications, reports, web pages, and other research outputs		
SO WE CAN USE THE INFORMATION YOU PROVIDE LEGALLY	**YES**	**NO**
I hereby assign the copyright in my contribution to the University of Salford		

Name of participant [print]	Signature	Date
…………………………….	…………………………….	…………………
Name of researcher [print]	Signature	Date
……………………………….	…………………………….	……………………………

A Stamped Addressed Envelope has been provided, should you require it
Project contact details for further information: j.dodd3@edu.salford.ac.uk

Appendix 9   Invitation letter: Key stakeholders

University of Salford
MANCHESTER

<div align="right">

School of Built Environment
Room 433b
Maxwell Building
The University of Salford
Salford M5 4WT

</div>

INVITATION LETTER

<div align="right">

January 2017

</div>

Dear [Mr/Ms/Dr……]

I am currently undertaking research with disabled sports spectators who are wheelchair-users, entitled, *Accessible football stadia in England – What represents meaningful provision for wheelchair users and how it can be achieved?*

The focus of the project is to explore the relationship between disability equality, social inclusion and stadium design and management with a group of wheelchair users and key stakeholders; and to investigate what services and facilities are required to enable independent access to sports stadia in England.

For the second part of the research process, I would like to interview you as a key stakeholder involved in the design and management of disabled spectator facilities. The interviews will be semi-structured with the aim of sharing knowledge from a design, operational, or commercial perspective, regarding the effectiveness of the legislation and regulations in providing accessible stadia and promoting inclusion.

I have enclosed the information sheet which was sent out to the spectators who participated in the study. However, if there is anything further you would like to know regarding the research project, please feel free to ask me. I can be contacted via my university email address, which is: j.dodd3@edu.salford.ac.uk

If you are happy to take part, then please sign the attached consent form and return it to me at the above address (please find enclosed a SAE) or via email. Once I have received your form, I will contact you again to arrange a convenient time and location for the interview.

I hope you will participate in the study and find it a rewarding and informative experience. I look forward to speaking with you soon.

Yours sincerely

Jeanette Dodd
Ph.D. researcher, School of Built Environment
Enclosed: (i) Consent form; (ii) Participant information sheet; (iii) SAE

University of Salford MANCHESTER

School of the Built Environment

Consent form for professionals taking part in the Ph.D. study - *Accessible football stadia in England – What represents meaningful provision for wheelchair users and how it can be achieved?*		
		Please tick as appropriate

TAKING PART	**YES**	**NO**
The researcher has made me fully aware of the background to the study		
I have been given the opportunity to ask questions about the study		
I agree to take part in the project. Taking part in the project will include being interviewed and recorded		
I understand that my taking part is voluntary; I can withdraw from the study at any time without giving a reason for why I no longer want to take part		
USE OF THE INFORMATION I PROVIDE FOR THIS STUDY	**YES**	**NO**
I understand my personal details such as phone number and address will not be revealed to people outside the project		
I understand that my words may be quoted in publications, reports, web pages, and other research outputs		
SO WE CAN USE THE INFORMATION YOU PROVIDE LEGALLY	**YES**	**NO**
I hereby assign the copyright in my contribution to the University of Salford		
Name of participant [printed]:		
Signature:		
Date:		
Name of researcher [printed]:		
Signature:		
Date:		

A Stamped Addressed Envelope has been provided, should you require it
Project contact details for further information: j.dodd3@edu.salford.ac.uk