



Event

The evolution of universally accessible building design



Victoria and Albert Museum, London, UK

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Without Walls: Disability and Innovation in Building Design
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“As far as I’m concerned it’s neither public nor convenient”, declares a male wheelchair user denied stair-free access to a lavatory in a public awareness poster issued in 1979–82 by The Spastics Society (now renamed Scope). Currently, the poster is displayed at the Victoria and Albert Museum (London, UK), as part of *Without Walls: Disability and Innovation in Building Design*, an exhibition charting the evolution of architectural practice from designing for disabled people without consulting them, to designing with their input. The disabled architect Selwyn Goldsmith spoke out against the kind of institutional discrimination highlighted in the poster, and published the first guide to accessible architectural design, *Designing for the Disabled* in 1963. *Without Walls* charts early examples of purpose-built facilities such as a 19th century hospital for people with learning disabilities, a 1920s church for deaf worshippers, and a 1970s public housing project for disabled people through to modern examples including the headquarters of LightHouse for the Blind and Visually Impaired (San Francisco, CA, USA), a private house in France for a wheelchair user in which a central platform rises or descends between levels, and a Dutch residential facility for people with advanced dementia.

Included in the exhibition is the work of British physician John Langdon Down (1828–96), best known for classifying Down syndrome, who pioneered a holistic approach to treating and caring for residents with learning disabilities, encompassing exercise, education, and leisure. Down established a private institution, Normansfield hospital (Teddington, UK) in 1868, where his objective was “to rescue the feeble one” from their “solitary life” within an environment where the residents benefitted from the companionship of their peers and the beneficial influences of art and nature. Residents took daily physical exercise in its grounds, using well drained, gravelled paths that enabled exercise in bad weather either on foot or using wheelchairs. Normansfield provided the first purpose-built workshop for disabled people, where residents could make art or learn a trade, including bricklaying, carpentry, joinery, painting, plumbing, or upholstery. A hall provided entertainment, and a boathouse that allowed visitors to arrive via the River Thames also functioned as a summerhouse for patients’ recreation. Families were also regularly consulted on patients’ health and welfare. Classified as an “imbecile”, Dorothy (Dolly) Freeman (1890–1920) experienced seizures, muscular paresis, and minimal speech, and was a resident of Normansfield from age seven until her death. Letters between her family and the

hospital staff are poignant: “I am very grateful to you for giving me such a careful account of Dolly’s condition”, her mother wrote to Langton Down in 1904. “You can hardly realise how much she is to me and how her health and happiness have always been my chief thought and occupation.”

Also featured in the exhibition is Hogeweyk, established in 2009 in the Netherlands, a pioneering residential facility. Designed to provide specialist care for people with advanced dementia, its guiding principle is the provision of a safe and familiar environment, empowering residents to retain as much independence and privacy as possible, in a non-clinical environment. There are no long corridors or uniformed nurses. Instead, small groups of residents live together in clusters of houses decorated to reflect seven typical Dutch lifestyles—traditional, urban, homey, upper class, Indian, cultural, and Christian—so that as many residents as possible feel at home. These lifestyles are certainly not mutually exclusive, however their relevance to residents is regularly reviewed and modified if no longer in demand (currently Indian or urban homes aren’t offered). On average, residents in Dutch care facilities exercise for only 96 seconds per day, so on-site facilities include communal outdoor areas and a supermarket, theatre, restaurant, and hairdresser, where residents are encouraged to exercise, undertake everyday tasks, and socialise. Although the social interaction of shopping is beneficial, people with severe dementia can become confused when handling money, so none of the Hogeweyk facilities require point-of-sale payment. Instead, goods and services are added to the residents’ monthly bills. Some of the retail staff, like the shopkeepers and bartenders are, in fact, trained nurses.

The curators have ensured that their exhibition is accessible to all. Exhibits include simplified tactile and visual architectural plans, embossed with Braille and printed with ink, enabling blind, visually impaired, and sighted people to access the same data. An introductory film and several filmed interviews are subtitled and use British Sign Language for hearing impaired visitors. Architectural drawings of plans, sections and elevations, expanded axonometric drawings, photographs of buildings and interiors, and three-dimensional architectural models complete the story. Collectively, the contents of the exhibition show how disabled people’s lives are increasingly less curtailed, either within institutions or at home, enabling them to live more independently with greater universal access.

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