

Q2: Do you agree that this approach will deliver our future places, homes and neighbourhoods which will be better, healthier, and more vibrant places to live?

And

Q36: Do you agree that this policy will ensure places support health, wellbeing, and safety, and strengthen the resilience of communities?

The coronavirus pandemic brought everchanging situations and uncertainty. Social connections were put on hold due to physical distancing requirements and lockdown or localised COVID closure of social centres, hospitality, and other recreation venues. A lot of learning can come from these situations to ensure that people do not feel disengaged and disempowered.

People with sight loss should be able to connect to a social community of their choice to prevent isolation and loneliness. 'The Place Standard: How Good is Our Place?'¹ which was developed by NHS Health Scotland and Architecture and Design Scotland, allows communities to work together to assess the quality of their place and prioritise areas for action. It maximises the potential of the physical and social environment to support health, wellbeing, and a high quality of life. It is therefore imperative that a collaborative approach is sought to prevent barriers which reduce social interactions for people with a visual impairment when concepts such as the 20-minute neighbourhoods are considered.

In addition, health and social care should be people-led, with lived experience at the heart of service provision, with the flexibility to adapt services that are person and relationship-centred.

¹ NHS Health Scotland and Architecture and Design Scotland, Place Standard. <https://www.placestandard.scot/guide/quick>

Q29: Do you agree that this policy sufficiently addresses the need to support local living?

It's important for people to have choice and control of their lives to prevent isolation and loneliness. Without choice, blind and partially sighted people may be left stuck at home. For example, all too frequently a venue may be accessible, but the environment outside is not. This makes it extremely difficult for people with a visual impairment to access spaces, therefore resulting in social isolation and a need to stay at home due to environmental dangers, as a man with sight loss told us:

“People with sight loss don't go out due to many reasons but one of them is clutter and danger. Not all crossing points are safe, with general directions to a venue on Google Maps or on the venue website, unclear about access for people who are visually impaired.”

We should also not ignore the fact that just like everybody else the population with disabilities is ageing. This means that over time provision will need to take account of multiple impairments.

Thousands of people with sight loss face challenges getting around their local area every day. An RNIB survey 'Who put that there!' found that over a three-month period, 95 per cent of blind and partially sighted people said they had collided with a pavement obstacle and one third that they had been injured when walking outside. Some said they were so intimidated by the risks outside they ended up staying at home and becoming isolated.²

Advertising boards, bollards, bins, cars parked on pavements, overhanging branches or shrubbery (as well as hanging baskets) and 'shared space' schemes were the most common obstacles encountered.³ Within 'Scotland's Accessible Travel Framework'⁴, accessible streets are recognised as a key component of travel confidence, '... One of the key issues for disabled people is the ability to get to transport, including

² RNIB, Who put that there! The barriers to blind and partially sighted people getting out and about, 2015.

³ RNIB Scotland, Scotland: Street Charter toolkit, 2015.

⁴ Transport Scotland, Going Further: Scotland's accessible travel framework, 2016.

<https://www.transport.gov.scot/media/20113/j448711.pdf>

negotiating paths which have various obstructions such as wheelie bins and advertising boards.’

Streets are subject to continual change. For instance, during the coronavirus pandemic road re-allocations were made to facilitate social distancing and encourage walking, wheeling, and cycling. However, as Public Health Scotland’s health impact assessment of road space reallocation in Scotland points out ‘it is equally clear that many disabled people have been disadvantaged by recent road space reallocation schemes, with most reporting that the measures made it more difficult for them to get around.’⁵

The report continues, ‘The biggest reason for this was that the design of the reallocated space did not create an accessible space for pedestrians, including wheelers, with mobility or sensory impairment. Designs that shared pedestrian and cycling space were particularly difficult for disabled people to navigate. This was exacerbated by the rapid speed of the change, which caused difficulties for disabled people who need to plan journeys very carefully to find accessible routes.’⁶

Streets will undergo further changes in the future with drivers including economic regeneration, measures to counter climate change, and technological innovation including electric vehicles. RNIB Scotland understand that electric vehicles are an increasing part of the transport landscape, and we support the environmental benefits associated with them. However, we have concerns about the potential for charging units to increase street clutter and present obstacles and trip hazards for people with sight loss.

The quest for accessible streets for all represents considerable challenges. Acknowledging the needs of those with disabilities is critical to overcoming these.

⁵ Public Health Scotland, Road space re-allocation in Scotland: A health impact assessment, 2022.

<https://publichealthscotland.scot/media/12261/road-space-reallocation-in-scotland-a-health-impact-assessment.pdf>.

⁶ Ibid.