

Universal Design: From Margins to Mainstream (Reply)

I think it is important to step back from terms like Universal Design and Design for All, and indeed Gerontechnology, and see them in the wider context of what has been a very successful and evolving response to the design needs of older and disabled people. Historically this has been driven by several groups, including campaigners, researchers and design practitioners and educators, who have moved the whole field from the margins to the mainstream of design thinking. The next step is to bring business on board in an effective way. How we do that will depend on how well we communicate with companies and understand the realities in which they have to operate. The campaigning push for Universal Design came first from the US, and the large numbers of combatants who returned injured from Vietnam, and later from Europe. Civil rights and anti-discrimination legislation, statutory requirements and codes of practice become the primary focus for campaigning groups. The concept of 'Universal Design' emerged in the US as an aspirational goal for activists, as a way of moving beyond the earlier and more limited concept of 'Barrier-Free Design' but still had only limited success in delivering high quality design solutions. For manufacturers, describing a product as universal runs counter to the concept of consumer choice. If one person cannot use my product then it fails the universal test, even if it is far more accessible than all the competition. These are real concerns for business and likely to hold back progress. A further problem is that many accessible designs have proved socially divisive. You have only to think a terms like 'disabled toilet'. Why not 'enabled toilet'. Equality of treatment and acceptability remain significant and unresolved issues. The research community approached things

from a different perspective. For many years a preferred term in both research and government was 'the disabled and elderly'. This reflected a medical model of ageing and disability as conditions to be treated by medical interventions or aids and adaptations designed to fit individuals to the 'normal' environment. Not only was this distasteful, it failed to square with the facts. The moment we ask 'when do we become old?' and 'what constitutes disability?' we have to specify thresholds – e.g. those aged 50+, people who use a wheelchair – which are unacceptably arbitrary and do not reflect known facts and social perceptions. A social model of ageing and disability focuses more on capabilities and aspirations, on what people can and want to do. From this perspective disability and ageing become amenable to mainstream design – we are disabled and enabled by design – and to fitting the environment (including products and services) to individuals in all their diversity. An important contribution from the research community was to map out the enormity of the age-shift, demonstrate that ageing is part of a normal life course, and that there are far more disabled older people (who on the whole do not see themselves as disabled) than 'disabled' people. The numbers are significant. For every wheelchair user in Europe there are ten people who cannot walk far without some form of aid or assistance. These people are older people, who can be severely disabled by environments that are readily accessible to wheelchairs. We accomplished the intellectual shift from margins to mainstream, and moved away from pejorative terminology and approaches, towards a recognition of the social contexts in which we all live and grow older – a shift in which Gerontechnology has played a significant role. But I fear that our language still speaks more to political and campaigning aspirations than to

commercial goals. In light of this, I and colleagues at other institutions, have for some time used the word 'inclusive' ¹, not to describe a genre of design, but as a way of communicating to business the commercial value of adopting an approach to designing that asks who the users are, and seeks to respect their capabilities and aspirations.

An important aspect of this approach is the idea of countering design exclusion² by understanding why, how, and how many people are excluded by specific design features, stigmatising aesthetics or lack of functionality. The emphasis is on a dynamic model of social (and hence market) change, driven by demographic shift, technology push, consumer pull and mass customisation. Design and business find this inclusive approach interesting, as evidenced by the many industry and professional collaborations my research centre has been involved in. I and colleagues are currently involved in translating this experience into a new British Standard on inclusive design management³, and developing on-line resources for inclusive design with the UK Design Council and the RSA⁴. In that regard I am encouraged to see for example the UK arm of the European Institute for Design and Disability renaming itself as the UK Institute for Inclusive design (UKIID), and Jim Sandhu using it in the name of his consultancy, 'Inclusive Design Research Associates'.

The most important challenge in the coming years is to strongly engage with industry and design professionals, to ensure change in the real world. To do this we have to get the language right and make sure it is attractive to business and helps identify new markets for better, more inclusive products and services that also fit the growing legislative framework within which companies have to operate and compete.

References

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3. BS 7000-6. Guidance on Inclusive Design Management. In draft circulation for comments prior to publication, requests can be made to the British Standards Institution for a draft copy
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Design Council website: <http://designcouncil.org.uk/inclusivedesign> and <http://designcouncil.info/inclusivedesign>

Roger Coleman
The Royal College of Art, London,
United Kingdom
e-mail: rogercoleman@onetel.net.uk

GERO, GERON, GERONT, GERONTO

What's in a name? Gero, Geron, Geronto or just Aging and Technology?

At the start of the 3rd volume of Gerontechnology journal, in preparation of the 5th Conference of Gerontechnology in Nagoya in 2005, and after seeing our subject popping up in both the public knowledge base Google¹ and the scientific databases of Web-of-Science², it appears to be time to formalize our domain. As one of the editorial board members (Elisabeth Karol³) observed: we are not yet included in formal keyword lists; not even on the 'Ageing Research Online' website of the Australian Government⁴.

One of the problems when trying to invade keyword and domain lists of bibliographic systems is posed by the fact that the nomenclature of our domain is variable. In addition to descriptions such as 'Ag(e)ing