Planning for a Healthy Built Environment – The Universal Mobility Index

By Ralph Green, Director Visionary Design Development

Access provision is important to built environment professionals for several reasons. These include compliance with various Human Rights Acts to which Australia is a signatory and from which the Disability Discrimination Act (1992) is derived. A healthy environment requires inclusion of access considerations as part of best design and planning practice. Local Government Planning Schemes frequently include references to equity of access but these are non-prescriptive and often too vague to be useful as performance based guidelines. Other factors bringing access issues to prominence are the demographics of the ageing Australian population and increasing recognition of the rights of minority groups, including Disabled People's Organisations. Historically planners, architects, governments, social institutions, commercial organisations etc, have delivered a built environment that presents considerable barriers to mobility. This stems from an assumption of an extremely narrow range of human variation at odds with that of any 'normal' population. Much contemporary urban design and construction fails to consider people with disabilities (PwDs), the injured and ageing, even parents managing prams and small children.

The range of available access assessment tools for planners and designers of the built environment is however limited. While access audits provide some insight, reports are limited in scope by their brief, multiple levels of responsible authorities and are not directly reflective of the wishes of PwDs. Their application is fragmented with little or no sharing of information between responsible authorities. To addresses these information deficits a new tool – the Universal Mobility Index (UMI) has been developed by Melbourne consulting firm *Visionary Design Development.* Director Ralph Green completed a Masters of Social Science (International Development) at RMIT University in 2006 with a thesis focussing on the intersection of quality of life, models of disability and policy issues affecting equity of access. The outcome, the UMI, is a composite quality of life index that introduces, for the first time, a theoretical and methodological framework of how to measure, compare and track equity of access provision across all parts – infrastructure, public & commercial buildings and private dwellings - of the built environment. The index is powerful in several contexts. Quantifying access in the planning and construction processes has important policy implications (imagine the policy dilemmas posed by being unable to measure unemployment, water consumption or literacy levels!). Comparisons between Local Government Areas (LGAs) would illuminate whose planning schemes are truly accessible while longitudinal tracking would expose rhetoric and guide resource deployment. The UMI empowers PwDs by incorporating their own assessments of barrier severity and prioritisation, placing them at the centre of decision making. This process is "bottom up" decision making in contrast to typical "top down" structures albeit with degrees of consultation of LGA, state level planning. The policy environment component within the UMI scrutinises the inclusion of PwD opinions in the policy making processes affecting the built environment. Thus revealing the true degree of political inclusion and the status of power relations.

How is the UMI useful to Built environment designers and planners?

The Universal Mobility Index will guide planners, local governments and their authorities in providing for the future health of the community by:

- Empowering people with disabilities by asking what changes to the built environment they want made.
- Prioritising these changes in accord with PwDs wishes.
- Assess, reassess, compare and longitudinally track their record of access provision.
- Compare intra-nationally as well as internationally with other councils.

- Indicate which parts of the built environment are under-performing thereby showing where resources should be allocated
- Illuminate the degree of inclusion of PwDs in planning for equity of access
- Inform all stakeholders

The UMI Pilot Series

Being an unprecedented concept the Universal Mobility Index will require piloting to permit refinement into a final package that can be offered as a complete solution to equity of access, a human right. Implementation of the UMI package will inform and guide the work of planners, architects, design professionals, local governments and international development aid agencies, avoiding the errors of the past that have resulted in stigmatisation, denial of participation and social exclusion.

More information available on the Visionary Design Development Website
http://www.vdd.com.au/UMI.htm

Ralph Green Biography:

Ralph grew up in and around Brisbane Queensland and completed his undergraduate degree in Optometry at Queensland University of Technology. On graduation in 1980 he took up clinical positions in private practice in Perth until 1986 when he moved to Melbourne. After a short period of employment Ralph established his own practices in suburban Melbourne and Geelong. In 1998 he was appointed as advisor to the Minister for Roads and Ports in the Kennett Government. This included chairing the newly established Victorian Motorcycle Advisory Council (VMAC) and sitting on the state's peak road safety expert committee – the Road Safety Reference Group until 2002.
Extensive travels by motorcycle in Latin America and South East Asia grew his interest in human rights and foreign aid resulting in enrolment in a Master of Social Science (International Development) in 2003 at RMIT. Ralph formed part of an eyecare team that visited the eastern tsunami affected coast of Sri Lanka in 2005. He completed his Masters with a thesis which developed, for the first time, a method of measuring equity of access for people with disabilities across all parts of the built environment. The demands of additional postgraduate study in eyecare led to his disposing of his optometry businesses and working part time as a locum in regional Victoria. In 2006 he was the first optometrist to be appointed to the ophthalmology department of the Alfred Hospital. He served as a director of the Australian Latin American Business Council in 2006/7 and in May this year accepted a position as Community Education Projects Manager with the Optometrists Association of Australia. Ralph is seeking to develop from his Social Science thesis a package that can be used by governments across the world to measure the accessibility of their built environments.