

**IT'S JUST
A FEW**

STEPS.



Neža Sevcnikar
40500175

Humanities disertation
Civitas Doloris
Supervisor: Keith McAllister

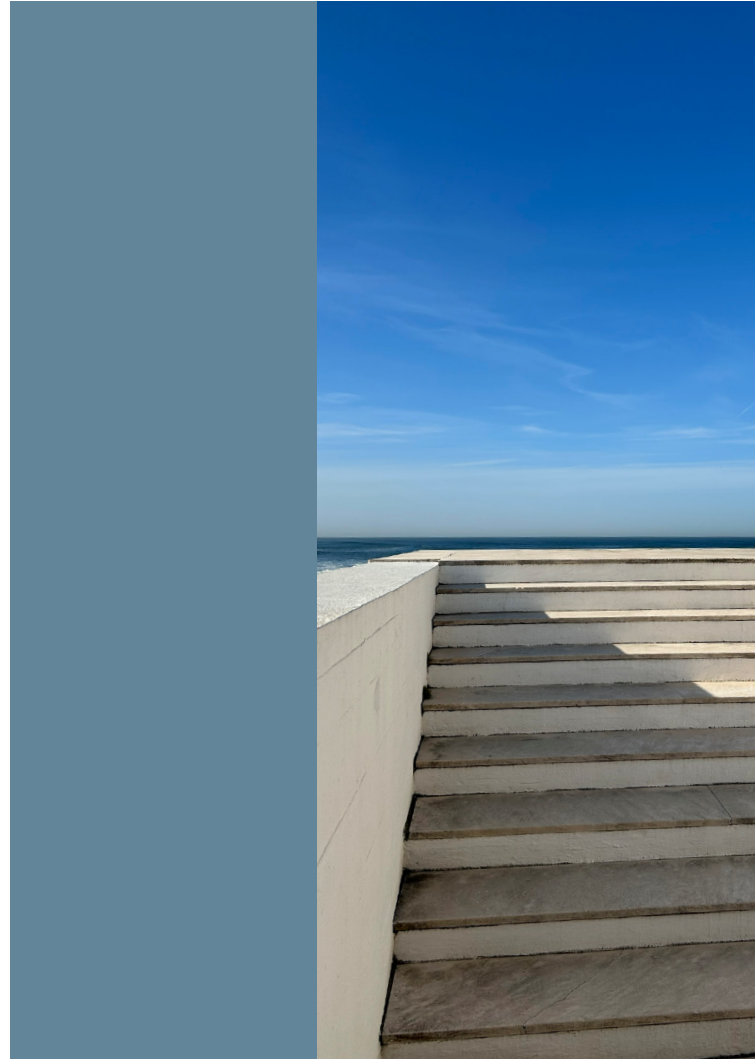
Queens university Belfast

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01

IT IS JUST A STEP, SO WHAT?



position statement

Have you ever experienced the frustration of being unable to reach a book on a high shelf, or the exhaustion caused by constant noise in a crowded space? While such moments are often dismissed as minor inconveniences, for many people they form a recurring part of everyday life - not only in public spaces, but also within the home. This is particularly significant, as the domestic environment is commonly understood as a place of safety, familiarity, and control, where daily life should unfold with relative ease.

Many of these experiences are closely linked to architecture, yet they rarely result from a single, obvious design failure. Instead, they emerge through ordinary and often unquestioned decisions: a small step where level access could have been provided, a corridor just slightly too narrow, or spatial arrangements that fail to accommodate different bodies, senses, and ways of moving. Although these decisions may appear insignificant in isolation, their cumulative effect shapes who can move comfortably through space and who is required to adapt.

Titled *It Is Just a Few Steps*, this dissertation explores how such everyday architectural choices contribute to experiences of inclusion and exclusion. My perspective on this topic has been shaped by years of observing my father, a tetraplegic, navigate environments that most people move through without difficulty. Encounters such as an “accessible” ground floor interrupted by three steps, the subtle discomfort of waiters when a table cannot accommodate a wheelchair, or the inability to visit relatives due to narrow doors and corridors are only a few recurring examples. Taken together, these experiences revealed how little attention is paid to everyday barriers - and how many of them could be avoided if they were recognised earlier in the design process.

Building on this motivation, the research extends beyond individual experience to address a broader architectural concern. Through a case study of student housing in Belfast, the dissertation examines physical, sensory, and cognitive barriers within a domestic setting that is shared by a diverse and constantly changing population, and which therefore demands a high degree of adaptability. By observing and categorising these barriers, the research demonstrates that inclusive design is not limited to regulatory compliance or specialised interventions. Instead, it argues that inclusion is embedded in small, human-scale decisions that do not necessarily alter architectural form or increase cost, yet significantly influence how space is perceived, navigated, and inhabited.

Ultimately, the dissertation aims to show how something as minor as a single step can quietly determine who is able to enter, move through, and feel a sense of belonging within everyday environments.

HISTORICAL AND LEGISLATIVE CONTEXT

Inclusive Design in
Northern Ireland

02

Living in the
Housing D

Housing D

Andrew Branc

Building Regulations (Northern

Guidan

Technical
Booklet

Access to and use of

October 2012

Disability discrim
in Northern Ireland - a sho



Equality

AN
ALTERNATE
AGE-FRIEND
HANDBOOK

* FOR THE SOCIALLY
URBAN PRACTICE

historical context

For much of the twentieth century, disability was primarily understood through a medical and institutional lens. Architectural responses tended to favour segregation over inclusion, with care and accommodation provided through specialised facilities separated from everyday domestic and urban life. The built environment itself was rarely questioned as a source of exclusion; instead, responsibility was placed on individuals to adapt to spaces designed around an assumed norm (Imrie, 1996).

This understanding began to shift in the post-war period, particularly following the Second World War, as disabled veterans returned to civilian life and disability became more visible within society. In the United Kingdom, early legislative measures, such as the Chronically Sick and Disabled Persons Act (1970), marked a move towards recognising the rights of disabled people within everyday social infrastructure, rather than through institutional care alone.

In Northern Ireland, this trajectory culminated in the Disability Discrimination Act (1995), which formalised access as a legal right and introduced the requirement for “reasonable adjustments” within employment, services, and the built environment. While the Act represented a significant step forward, its emphasis remained largely reactive, addressing barriers once identified rather than embedding inclusive thinking into the design of everyday environments from the outset.

This approach in Northern Ireland is reflected in the current Building Regulations governing building design. Technical Booklet R (2012) establishes detailed requirements for access to and within buildings, including provisions for thresholds, circulation widths, and sanitary facilities. These standards play a crucial role in defining a baseline level of physical accessibility. However, their primary function is to enable entry to the building rather than to shape the quality of everyday spatial experience once inside.

As a result, accessibility is often reduced to a set of minimum, measurable conditions intended to demonstrate compliance. While such standards are necessary, they risk encouraging a checklist approach in which obligations are met without questioning how spaces are actually perceived, navigated, or used. Issues such as sensory overload, spatial legibility, cognitive effort and emotional comfort fall broadly outside the scope of regulation, despite their significant influence on lived experience (Brand, 2010).

International frameworks, such as the United Nations Convention on the Rights of Persons with Disabilities, reflect a broader understanding of inclusion, emphasizing participation in everyday life, rather than access alone (United Nations, 2006). Similarly, professional guidance, including the RIBA Inclusive Design Overlay, highlights the need to move beyond minimum compliance and towards inclusive thinking embedded throughout the design process (RIBA, 2020).

Taken together, this historical context reveals a gradual shift towards recognising inclusion as both a social and spatial concern. However, the continued prioritisation of minimum standards leaves a gap between regulation and lived experience. A gap that this dissertation seeks to explore through a more experiential and domestic lens.

HOME

a Space of
Safety, Familiarity,
and Control



home

The home is commonly understood as a space of basic safety, where the demands of the outside world are expected to soften rather than intensify. It is a place where everyday life should unfold with a degree of ease, familiarity, and predictability, allowing bodies to rest and routines to stabilise. More than any other environment, the home plays a crucial role in shaping how secure and capable a person feels, a relationship long recognised in phenomenological discussions of dwelling (Bachelard, 1964).

When domestic space functions intuitively, it serves as a secure base from which we approach external environments. Familiar layouts and predictable spatial conditions reduce the need for constant physical or cognitive adjustment, allowing energy to be directed outward. Conversely, when the home itself requires ongoing negotiation, small obstacles and sensory discomforts accumulate over time, gradually undermining confidence and resilience.

Although often overlooked, adaptations within the domestic environment are not only a matter between a person with a disability and the space itself, but also involve all family members who share and inhabit that space. When domestic space is shared, adjustments introduced to support one household member inevitably reshape the everyday routines of others. Family members engage with these adaptations continuously, coordinating movement, reorganising furniture, and compensating for spatial limitations through informal acts of care. Over time, such practices become embedded within daily life, redistributing the burden of architectural inadequacy across relationships and affecting patterns of independence and reliance (Brand, 2010).

Despite this lived complexity, domestic environments are still frequently shaped by standardised spatial assumptions that prioritise minimum provision over adaptability. Widely used design references, such as Neufert Architects' Data (2023), continue to define furniture dimensions and spatial relationships according to long-established norms. While these standards offer valuable guidance, they risk reinforcing a narrow understanding of sufficiency, where spatial flexibility is treated as exceptional rather than necessary.

Understanding the home as a space of safety, familiarity, and control, therefore, requires a shift away from viewing adaptation as an exception or compromise. Domestic space must be understood as dynamic, shared, and relational, in which small spatial decisions shape not only movement but also household relationships, everyday care, and an individual's readiness to engage with the world beyond the home (Pallasmaa, 2008). This perspective provides a necessary foundation for examining everyday barriers within domestic environments and for understanding how inclusion is quietly supported or undermined at its most intimate scale.

04



challenges

Everyday barriers within the built environment rarely appear as isolated or exceptional conditions. More often, they emerge through ordinary interactions with space in moments of effort, hesitation, or discomfort that accumulate over time and remain unnoticed by those who do not encounter them directly.

Throughout this dissertation, disability is understood broadly to include various differences that shape how spaces are perceived, navigated, and used. Rather than treating disability as an individual condition, the focus lies on how everyday environments produce barriers through their spatial configuration. To examine these relationships, this research adopts a framework that categorises everyday barriers into three interrelated groups: physical, sensory, and cognitive. These categories are not intended as rigid divisions but as analytical lenses for identifying subtle forms of exclusion embedded in ordinary architectural decisions.

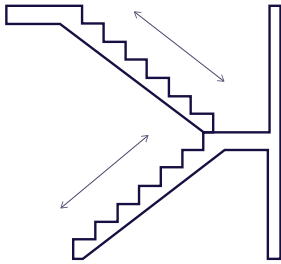
01 PHYSICAL BARRIERS

Within domestic environments, physical barriers most commonly arise through spatial configurations that restrict movement, reach, or bodily manoeuvrability. Rather than appearing overtly inaccessible, they are typically embedded in standardised layouts and familiar architectural elements. These barriers affect not only people with permanent disabilities, but also older adults, individuals recovering from injury or illness, people with temporary impairments, and those whose strength, balance, or mobility fluctuates over time (Brand, 2010).



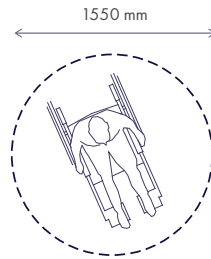
Taken together, these barriers rarely result from a single design failure. Instead, they emerge through the accumulation of standardised spatial decisions that prioritise efficiency and minimum provision, as reflected in technical guidance governing access and circulation.

CHANGES IN LEVEL



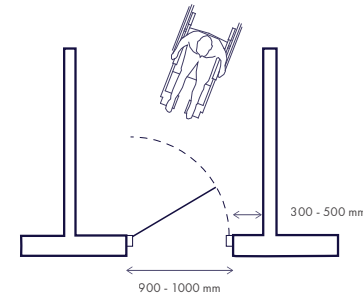
are among the most common physical barriers. Even minimal steps, raised thresholds, or uneven floor surfaces can interrupt movement and require additional effort or assistance. In domestic settings, such changes in level are commonly accepted because they are familiar, despite their cumulative impact on everyday independence.

CIRCULATION WIDTHS



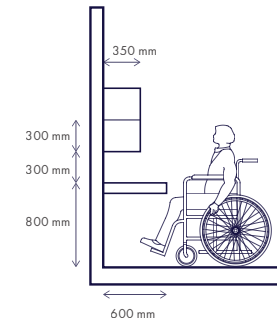
with manoeuvrability form another critical category. Narrow corridors, limited turning spaces, and compact internal layouts restrict movement and reduce tolerance for variation in body size, movement patterns, or assistive equipment.

DOOR WIDTHS



with door operation regulate access to essential spaces. Narrow openings, heavy doors, or poorly positioned hardware can render rooms difficult or impossible to use independently.

REACH AND HIGHT RELATED



further shape domestic accessibility. Storage, switches, appliances, and everyday controls are frequently positioned outside comfortable or safe reach, particularly within kitchens and bathrooms, encouraging reliance on assistance or unsafe compensatory movements. Surface conditions also contribute to physical barriers: slippery finishes, uneven materials, or abrupt changes in texture can interfere with balance and reduce confidence in movement.

02 COGNITIVE BARRIERS

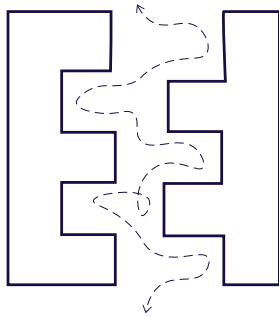
Cognitive barriers arise through spatial conditions that make environments difficult to understand, predict, or navigate. Rather than limiting physical access or sensory comfort, they increase the mental effort required to interpret space, remember sequences, or anticipate outcomes. Within domestic environments, cognitive accessibility is closely linked to clarity, consistency, and spatial legibility (Arthur & Passini, 1992; Brand, 2010).

Cognitive barriers affect a broad range of users, including people with mental impairments, neurodivergent individuals, those living with dementia, as well as older adults, children, and individuals experiencing stress or fatigue. Because cognitive capacity fluctuates, environments that demand constant interpretation can become exhausting even for users who would not typically be considered vulnerable.



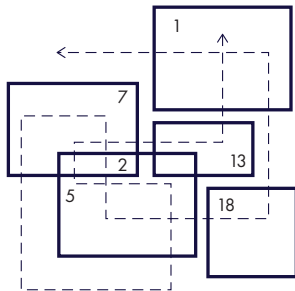
Together, these conditions demonstrate that cognitive barriers arise not from a lack of ability but from environments that fail to communicate clearly. Within the home, where daily repetition amplifies their effects, such barriers quietly shape independence, confidence, and ease of use.

POOR SPATIAL LEGIBILITY



represents one of the primary cognitive barriers within the home. Layouts that lack clear organisation, hierarchy, or visual cues make orientation difficult, particularly in repetitive or compact interiors. Inconsistency further increases cognitive load when similar spaces function differently or when changes are introduced without clear logic.

WAYFINDING AND SEQUENCING



also play a significant role. When spatial order does not align with everyday routines, or when transitions between rooms are abrupt or ambiguous, users must consciously plan movements that would otherwise be intuitive. Overlapping functions and clutter intensify cognitive strain, particularly in small domestic environments.

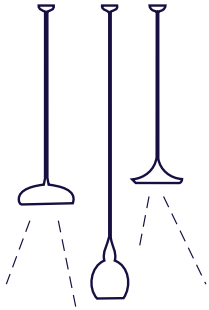
03 SENSORY BARRIERS

Sensory barriers arise through environmental conditions that overwhelm, confuse, or exhaust the senses, shaping how spaces are perceived rather than how they are physically accessed. Within domestic environments, these barriers are most often linked to lighting, sound, visual complexity, materiality, and environmental consistency (Brand, 2010; Handler, 2017).

Sensory barriers affect a wide range of users. They are commonly experienced by people with sensory sensitivities or neurodivergent individuals, as well as by older adults, children, individuals experiencing stress or fatigue, and individuals recovering from illness or injury. Sensory tolerance fluctuates over time, meaning that sensory accessibility is not a specialised concern, but one that shapes everyday comfort across different life stages.



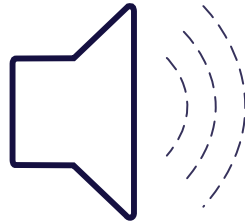
LIGHTING



represents one of the most significant sensory challenges within the home.

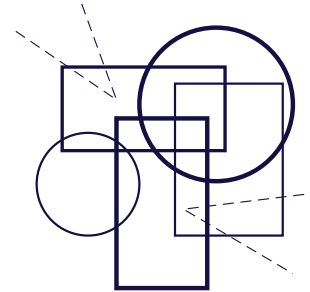
Excessive brightness, glare, strong contrasts, or poorly controlled artificial lighting can cause discomfort, disorientation, or visual fatigue.

ACOUSTIC CONDITIONS



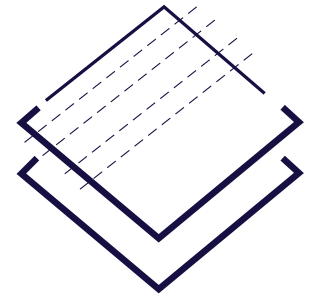
form another key category: persistent background noise, reverberation, or limited sound insulation can create stressful environments, particularly where exposure is prolonged.

VISUAL COMPLEXITY AND CLUTTER



further contribute to sensory overload. Dense patterns, excessive information, or poorly organised spaces can make environments difficult to process, especially in compact domestic interiors.

MATERIAL AND SURFACE



qualities also shape sensory experience through texture, reflectivity, and thermal perception. Although often treated as aesthetic choices, such decisions significantly influence how comfortably space can be occupied over time.

CASE STUDY

Elms BT9
Queens
Accommodation



case study

05

The case study focuses on OAK5, a three-storey, L-shaped building within a student accommodation complex in the BT9 area of Belfast. The building is used exclusively for student housing and functions as a primary domestic environment during the academic year. Although temporary, it functions as a home in everyday terms, accommodating daily routines, rest, privacy, and recovery.

Student accommodation presents a particularly relevant case given the frequent turnover of residents. Unlike private homes adapted to specific individuals, such environments are expected to support a wide range of bodies, abilities, and routines over time. As a result, they offer a valuable context for examining how domestic architecture responds, or fails to respond, to multiple scenarios of use beyond a single assumed norm.

The building is situated in a neighbourhood that also includes purpose-built housing for residents with disabilities. While these developments address specific physical accessibility requirements, they tend to focus primarily on mobility-related needs and, through their separation, risk reinforcing spatial and social segregation. Rather than embedding accessibility within shared domestic environments, such solutions may unintentionally isolate residents from everyday community life.

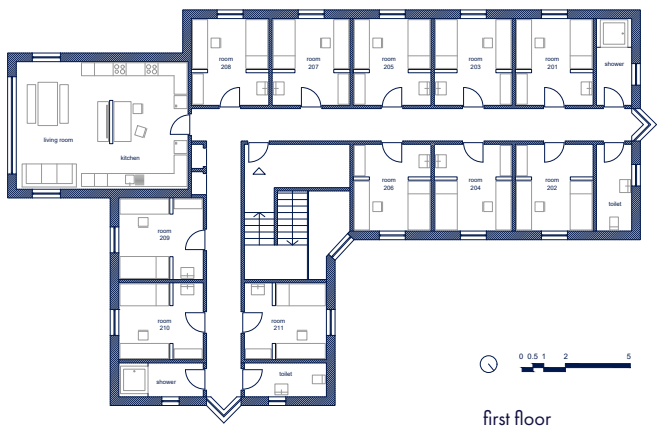
The analysis is based on direct observation of everyday use in OAK5, focusing on the spatial conditions encountered during routine domestic activities. The identified barriers are examined using the framework established in Chapter 4, which categorises them as physical, sensory, or cognitive. This method allows for a systematic reading of how small, often overlooked architectural decisions shape inclusion within a lived domestic setting.



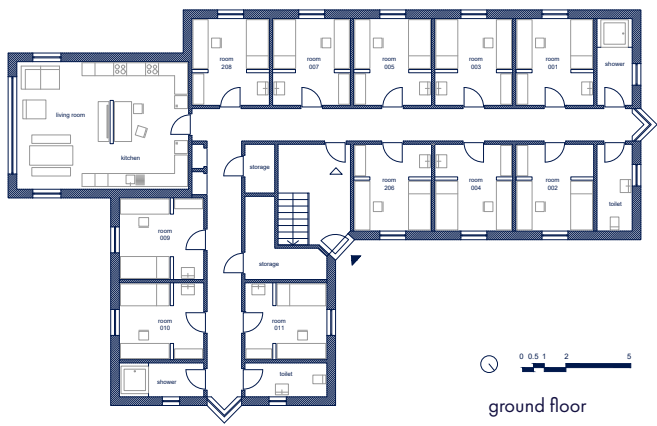
Elms Village BT9, 78 Malone Rd, Belfast BT9 5BW, UK



second floor



first floor



ground floor



01 SLIPPERY SLOPE

The entrance paving is uneven and slippery, particularly in wet conditions (which Belfast is well acquainted with).



Impact:

It increases the risk of slipping and affects users with reduced balance, mobility limitations, temporary injuries, older residents, and those carrying luggage.

Potential adjustment:

A level, slip resistant surface.



02 "GRAND" ENTRANCE

The main entrance is poorly identified, resembling a secondary or fire exit, and is both narrow and raised by a half-step.



Impact:

This creates uncertainty about access, restricts manoeuvrability, and introduces a physical interruption that affects users with mobility limitations, reduced balance, temporary injuries, or those carrying luggage.

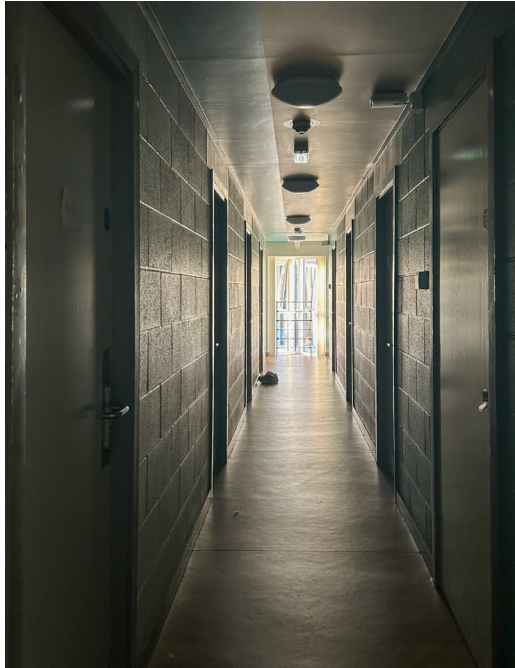
Potential adjustment:

Clear visual identification, increased door width, and a level threshold would improve legibility and provide safer, more intuitive access.



03 HALL OF FAME?

The corridor is narrow and visually repetitive, with identical elements and finishes along its length.



Impact:

Limited width restricts movement and passing, while repetition reduces spatial legibility, making orientation more difficult and increasing cognitive effort.

Potential adjustment:

Slightly increased clearance and subtle visual differentiation through lighting, colour, or landmarks could improve both movement and orientation.



04 COLOUR CODED

Each floor is distinguished by a different colour scheme, with individual rooms also visually differentiated within the same level.



Impact:

This supports orientation and recognition, making it easier to find one's location and personal space, particularly for new residents or users who benefit from clear visual cues.

Potential adjustment:

Maintaining this approach while incorporating calmer base tones could further enhance legibility without increasing sensory load.



05 "FLYING" TO UPPER FLOOR

The building entrance provides access only via stairs, with no lift serving the upper floors.



Impact:

This restricts independent access to upper levels for users with mobility impairments, temporary injuries, reduced stamina, or those carrying heavy luggage, effectively limiting who can fully use the building.

Potential adjustment:

Providing lift access or an alternative step-free vertical route would significantly improve inclusivity and allow equal access across all floors.



06 WHO BRUSHES THEIR TEETH AT 3AM?

Sound insulation between rooms is limited, and water and plumbing noises are clearly audible throughout the apartment.



Impact:

Persistent background noise reduces acoustic privacy and increases sensory strain, particularly for users sensitive to sound, those seeking rest or concentration, and residents exposed to prolonged daily noise.

Potential adjustment:

Improved acoustic insulation of service shafts and wet areas could significantly reduce noise transmission and support a calmer domestic environment.



07 TURN THAT OFF!

Interior spaces are illuminated with very bright, clinically white lighting that produces glare and slight intensity variations.



Impact:

This increases visual strain and sensory fatigue, particularly during prolonged use, and can make domestic spaces feel overstimulating rather than restful.

Potential adjustment:

Using warmer light temperatures and layered lighting with adjustable intensity could reduce glare and support visual comfort.



08 EXCUSE ME, SORRY

The shared kitchen layout becomes congested during simultaneous use, with limited clearance between work surfaces, appliances, and circulation routes.



Impact:

This increases physical and sensory strain, causes constant spatial negotiation, and makes the kitchen difficult to use comfortably during peak times.

Potential adjustment:

Clearer zoning of work areas and circulation could reduce congestion and improve usability.



09 MY SAFE SPACE

A calm visual palette, simple spatial organisation, and limited sensory stimulation characterise the private rooms.



Impact:

This supports rest, concentration, and a sense of control, aligning with design principles that emphasise predictability and sensory moderation.



10 WINDOW TO THE WORLD

The dining area is surrounded by windows on three sides, providing strong daylight and views towards both greenery and street activity.



Impact:

Nature views offer a calming effect, while visual connection to street life supports social awareness; however, extensive glazing can also introduce glare and visual overstimulation under certain conditions.

Potential adjustment:

Adjustable shading would allow users to balance openness, daylight, and visual comfort.

06

BEYOND | MINIMUM STANDARDS

Small Change

by Carole Satyamurti

We talk of change as if it were small –
a coin dropped in a paper cup,
the minor shift from one degree to two,
the loosened screw, the open door.

But change is seldom small.
It's the crack that widens
till it runs the length of the wall;
it's the door unlatched
that will not shut again.

The cup fills, overflows,
the coin rusts to nothing;
the screw falls out,
and what was held together
begins to fall apart.

And yet, to change at all –
to drop the coin,
to lift the latch –
is the start of everything that matters.

beyond standards

This dissertation has sought to challenge the way inclusive design is commonly understood and practiced within architecture. Too often, it is treated as a separate concern, addressed through a limited set of technical solutions or reduced to the fulfilment of minimum requirements. Accessibility then becomes something added once a design is complete: a lift placed at the end of a sequence of corridors, or an accessible route that technically exists but requires effort, explanation, and endurance to use. While such solutions may satisfy regulations, they often make it clear for whom the building was originally designed.

By focusing on the domestic environment and examining physical, sensory, and cognitive conditions through a real-life case study, this research has shown that exclusion rarely results from deliberate neglect. Instead, it emerges through small, everyday decisions that are considered standard, neutral, or inevitable. Thresholds that interrupt movement, spaces that overwhelm the senses, layouts that demand constant interpretation, or environments offering little control over light and sound do not fundamentally alter architectural form, nor do they necessarily increase cost. Yet they shape who feels comfortable, who feels capable, and who is expected to adapt.

What becomes clear is that inclusive design is not primarily about designing for specific groups, nor about creating specialised spaces set apart from everyday life. Rather, it requires a shift in architectural mentality — one that recognises inclusion as both a design responsibility and an ethical obligation. In the UK, this responsibility is reflected in the RIBA Code of Professional Conduct (2021), which states that architects shall respect the rights and interests of others, strive to be inclusive and ethical, and seek to promote social justice.

If respecting the rights of others is understood as a core professional value, then inclusion cannot remain an afterthought in design, nor can it be addressed without engaging those whose experiences are most often marginalised. Genuine inclusivity therefore implies not only designing for people with disabilities, but designing with them - involving lived experience within architectural discussion and decision-making.

Ultimately, this dissertation demonstrates that it does not take much for a building to become more inclusive. Often, it is not a question of form, technology, or budget, but of attention. Inclusive design, in this sense, is not an added layer or a compromise, but a quiet recalibration of what architecture considers normal — from spaces that quietly assume a ‘normal’ user, towards spaces where accommodating difference becomes the standard.

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All graphic material presented is the original work of the author.