





Research Paper

Legislative influence on the decline of public toilet provision in the UK: a case study of Leeds city

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ABSTRACT

The provision of public toilets has declined in the UK, limiting citizens' ability to use public spaces and fully participate in society. This article investigates the legislative context of this decline by analysing the Public Health 1936, Section 87, which remains the principal legislation influencing public toilet provision. We use the Institutional Grammar Tool and a narrative case study of the history of public toilets in Leeds City Centre to unpack the weakening influence of the norm-driven policy on the provision of public toilets. We argue that changing notions of infrastructural citizenship in broader society have contributed to the abandonment of public toilets and an increasing reliance on private provision and individual independence, which are inherently more exclusionary. This article raises important questions about how fit-for-purpose the current UK public toilet policy is, and ends with a call for more robust legislation to promote greater infrastructural citizenship and ensure inclusive public spaces for all.

Key words: local authority, infrastructural citizenship, citizen, government, policy, public toilet citizenship

HIGHLIGHTS

- The history of public toilet provision in Leeds City Centre demonstrates the national decline of access to public toilets.
- Capturing the adaptive capacity of the Public Health Act 1936, section 87, provides insights into the different but intertwined relationships between local authorities and the national government.
- The UK public health legislation reveals the fragility of infrastructural citizenship under a normative policy.

1. INTRODUCTION

Public toilets are critical infrastructure in public spaces, such as the city centres, shaping citizens' infrastructural rights and responsibilities and intentionally or otherwise excluding some residents from societal systems.¹ As a vibrant hub for shopping, dining, and cultural events, Leeds City Centre attracts both locals and tourists who face the inconvenience of the lack of public toilet facilities. This absence not only undermines the comfort and accessibility of the area but also raises questions about the prioritization of essential infrastructure in public spaces.

The lack of adequate public toilets can affect everyone, to the extent of preventing people who need regular access to toilets, such as people with chronic illness, pregnant individuals, and people looking after children, from entering the city. Arguably the group most impacted are the unhoused rough sleepers who spend the majority of their time in the city centre and who use their limited access to public toilets as their primary source of sanitation for personal care, drinking water, menstrual hygiene management, and sometimes laundry (Sommer *et al.* 2020; Maroko *et al.* 2021; Anthonj *et al.* 2024). The absence of public toilet infrastructure unavoidably leads to people being forced to use other spaces for their needs, an undesirable outcome.

¹ Leather (1842) stressed the use of the language of citizenship/citizen to refer to all urban dwellers, irrespective of legal status, whose presence in the cities involves a relationship with the urban infrastructure.

Recent studies have started to examine the everyday means by which people in cities experience the politics of urban infrastructure (Graham & McFarlane 2014; Trentmann 2017). Despite this growth in critical studies distinguishing the politicized nature of urban infrastructure, the ways in which citizenship, infrastructure and legislation relate in different urban settings in high-income countries have received very little attention. This article argues that legislation plays an important role in creating exclusionary systems, severing connections between infrastructure and citizenship. Understanding how legislation impacts whether or not the right to infrastructural citizenship is met is pivotal in enhancing access to public spaces so that they can be enjoyed by all.

1.1. Public toilet citizenship, sanitation, and the city

Historically public infrastructure plays an important role in the politics of a city, including public toilet provision as a political, social, and ecological entity. Public health concerns contributed to the initial expansion in the provision of public toilets in the 1800s, and a relationship between public toilets and the rights of citizens to access public spaces has developed alongside modernization and urbanization.

In the mid-19th century, everyday life was deeply gendered with women expected to remain in the private sphere of the home while men occupied the public spheres. The majority of public toilets were only available to men. The quality of public toilets of the time may be questioned, but the infrastructural citizenship and the right to the city were guaranteed for men.² Public toilet citizenship, a term developed to explore the interactive relationship between the local authority, public health legislation, and the citizen, thus has a long history in urban Britain and has always had a hidden exclusionary nature.

The Public Health Act of (1848) called for the provision of ‘public necessities’ to highlight the importance of public toilets, although this term was downgraded to ‘public conveniences’ shortly afterwards within the same act (Penner 2001). With this Act, the Westminster government gave local authorities the responsibility of protecting the public health of their citizens, resulting in improvements to public spaces in the shape of public toilets. During the industrial revolution and well into the mid-20th century, toilets were constructed using public funds to provide mainly male citizens with appropriate spaces to urinate or defecate when away from home, excluding women from public spaces.

In setting local authority boundaries, the Public Health Act 1875 provided the first impetus for local authorities to set their own standards in city clean ups, and public toilet provision took centre stage. Specifically, the Public Health Act 1875, section 39, states:

‘Any urban authority may, if they think fit, provide and maintain, in proper and convenient situations, urinals, water-closets, earth-closets, privies and ashpits, and other similar conveniences for public accommodation.’ (MacNalty 1950).

The acknowledgement of the importance of public health contributed to growing competition between cities in the UK, as they showcased their abilities in cleaning up public spaces through the construction of grand public toilets. The architectural designs of the late 1800s to the 1960s demonstrated how well a city was doing economically. According to Greed (2019), in the 1920s and 1930s, councils’ civic pride was an expression of the power and authority of a city’s elites compared to those in other cities. During this period from the mid to late 1800s to late 1900s, Leeds City Centre, for example, had six public toilets exhibiting similar features to those built in London, indicating the participation of Leeds in this inter-city rivalry. These public toilets have since disappeared leaving Leeds City Centre with none.

1.2. Current UK public toilet woes

The 1980s saw political change towards a particular form of fiscal conservatism with an emphasis on limiting public funding and promoting private sector investment. The provision of public toilets was targeted for public expenditure savings, leading to both public toilet closures and privatization, pushing up the price of using public toilets (Herrschel 1993; Stanwell-Smith 2006). The UK is faced with plummeting numbers of free public toilets, and some of the buildings have been sold off by local authorities to raise money (Stanwell-Smith 2010; Greed 2016, 2019). In 2006, the London Assembly reviewed public toilet provision in cities and reported a 40% loss of public toilets in London due to closures since 1999, and in 2018, a BBC report further evidenced a decline in public toilets throughout the UK, with some UK towns and cities such as Leeds having none at all (Stanwell-Smith 2006; Jones & Schraer 2018). Community public toilet schemes have been introduced

² The concept of the right to the city was developed by Henri Lefebvre in 1968 in his book *Le Droit a la ville* and has been further developed in the intervening decades: <https://www.right2city.org/document/world-charter-for-the-right-to-the-city/>.

as a cost-effective way of plugging the hole left by the declining public toilets (Richard 2015). Community public toilet schemes are schemes whereby local authorities encourage private businesses to allow members of the public to access their toilet facilities in return for a maintenance grant. While this serves its purpose of a supplementary toilet system, it is not always easily accessible or discoverable by members of the public.

Currently, in the UK, there is lack of clarity of where the public are legally allowed, or able, to go when visiting the city, leading to public frustration as local authorities shift the responsibility onto private businesses. The language used in the media demonstrates the uncertainty of who to call to account for the lack of access to public toilets and confusion from both the business owners and citizens as to how the publicly available but privately owned toilet network is meant to work (Figure 1).

2. MATERIALS AND METHODS

This study uses a case study methodology to situate the work in ground realities of Leeds coupled with a structured analysis of the relevant national legislative instruments.

The Public Health Act 1936 was a comprehensive piece of legislation in the UK that aimed to consolidate and update public health laws to improve sanitation, hygiene, and overall public health standards. Section 87 is important for this study as it is the only piece of legislation in the UK related directly to public toilet provision at a time when it was crucial to arrest and prevent the spread of infectious preventable diseases. Although a relatively old piece of legislation, it remains the relevant act related to public toilets today; therefore, its contemporary analysis using the Institutional Grammar Tool (IGT) is appropriate.

2.1. Leeds as a case study

Case studies have been used to uncover local cultures underpinning how local authorities have maintained self-governance in the delivery of services with central funding (Griffiths 2008). In using case studies, it is possible to collect data that can challenge the decline and lethargy of public health provisions (Gorsky 2008; Griffiths 2008). Although the inadequate public toilet provision affects all cities in the UK, for this research, Leeds City Centre was used to explore this common problem in detail.

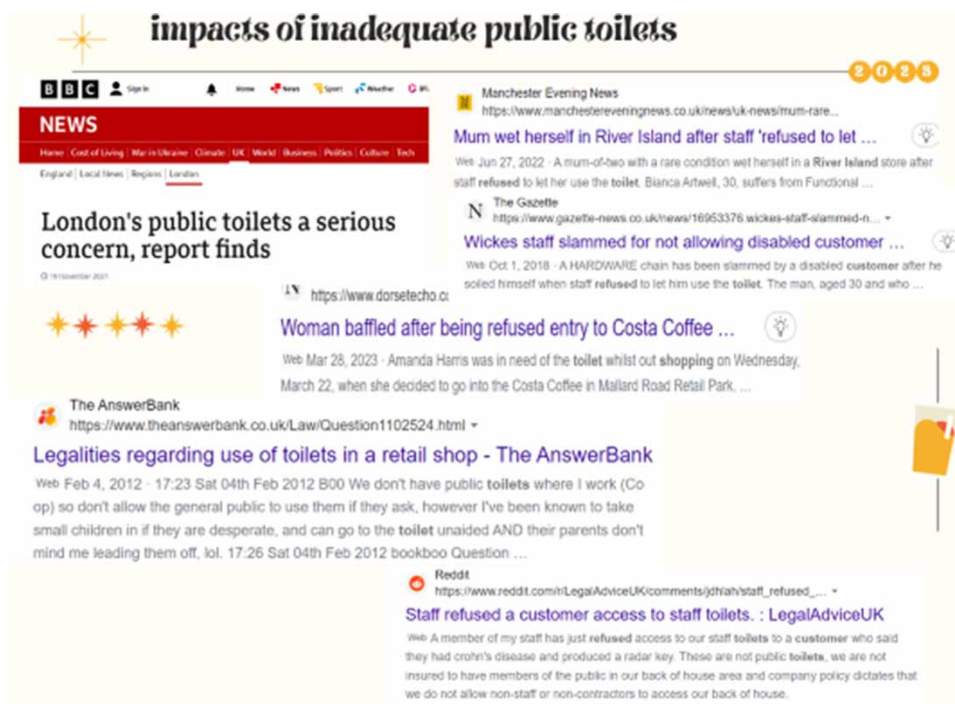


Figure 1 | Online media clips from the period 2012–2023 reporting on public frustrations from all over the UK.

The population of Leeds has grown from 751,000 in 2011 to 812,000 in 2021 (Office for National Statistics 2021), and the population prediction for 2033 is expected to be over 930,000 (World Population Review 2023). With the projected continued growth in population, without fully accessible public toilets in Leeds City Centre, people are subject to ‘the bladder’s leash’, restricting their movements.

To contextualize the interaction of legislation and infrastructural citizenship, a brief diversion into the history of sanitation in Leeds is necessary, taking inspiration from Gunn *et al.* (2023). Modern infrastructural networks tend to mask the existence of historical transitions, yet it is within these historical changes that infrastructural, sociopolitical, and spatial transformations originate. In agreement, Pooley (2017) highlighted the historical importance of tapping into relationships about infrastructure and political practices of governance. Hence, in the paper, the infrastructural changes of Leeds City Centre have been used as a tool to make sense of change and to evaluate the impact of the Public Health Act 1936, section 87, on public toilet provision.

2.2. Legislation analysis

Using the example of public toilets in Leeds City Centre, we examine how public toilet provision, infrastructural citizenship, and legislation interact to impact citizen rights to public spaces. ‘Infrastructural citizenship’ is described as how citizens’ access and use public infrastructure in public spaces (Speer 2016; Lemanski 2020). Lack of citizenship is therefore characterized by a lack of rights and dignity, respect, and exclusion from entitlements impacting people’s daily experiences (Cornwall *et al.* 2011).

Legislations are made up of one or more institutional statements, defined as linguistic controls or opportunities, which specify, give permissions, and advise on actions or outcomes for the people responsible for implementation (Watkins & Westphal 2016; Lien 2020). This legislation review highlights the link between legislation and recent declines in public toilet provision and contributes to a better understanding of the design and interpretation of legislation by the government and by the local authorities who implement them.

The Institutional Grammar Tool (IGT) is a concept introduced by Crawford & Ostrom (1995) to scrutinize the structure of legislation and policies. By providing an empirical detailed interpretation of the legislation, we can understand what actions are allowed or not allowed under specified conditions and what the related sanctions for non-compliance are. The IGT focuses on the linguistic expressions embedded in the legislation by institutions, which then drive actions or outcomes by individual and institutional actors (Basurto *et al.* 2010). The IGT, therefore, provides a methodologically standardized approach to analysing the grammatical syntax of legislations, irrespective of the chronological age of the legislation itself, to determine their functions and implementations, capturing the interactive dynamics of institutions and actors implementing the conditions of the legislation, identifying the different institutional statements of a legislation to determine if they represent a rule, a norm, or a strategy (Dunlop *et al.* 2019).

Using Leeds as a case study, the IGT will be used to identify the core elements of the UK Public Health Act 1936, section 87, its expected outcomes, and the tools used for monitoring and sanctioning non-compliance of the Act.

2.3. Understanding the institutional statement through the IGT

Crawford & Ostrom (1995) have provided a grammatical syntax strategy with distinct directions for coding existing legislation by examining the ‘linguistic statements’ to derive meaning and guide the actors in their response or implementation of the piece of legislation.

Crawford & Ostrom (1995) proposed that institutional statements are made up of explicit grammatical elements that are identifiable (Figure 2).

Three institutional statements recognized in action fields are those that depict: norms, rules, and strategies (Crawford & Ostrom 1995). They are composed of grammatical components that provide the acronym ‘ADICO’ in a grammatical syntax (Figure 3). ADICO represents five subcomponents of an institutional statement: A (attribute), D (deontic), I (aim), C (conditions), and O (Or Else). An example of the application of this syntax is shown in the following table using, ‘You could be fined under the Public Order Act if caught urinating in public, the police can charge you with public nuisance or disorder’, as an example of an institutional statement explained in Table 1.

In sanitation, the use of implicit institutional statements is fairly common (Watkins & Westphal 2016), and this is evident in the legislation analysed for this paper. The language used may vary in prescriptive force, for example, ‘must’ is more forceful than ‘should’, and will generally be accompanied by a sanction, therefore producing different reactions from the actors. The

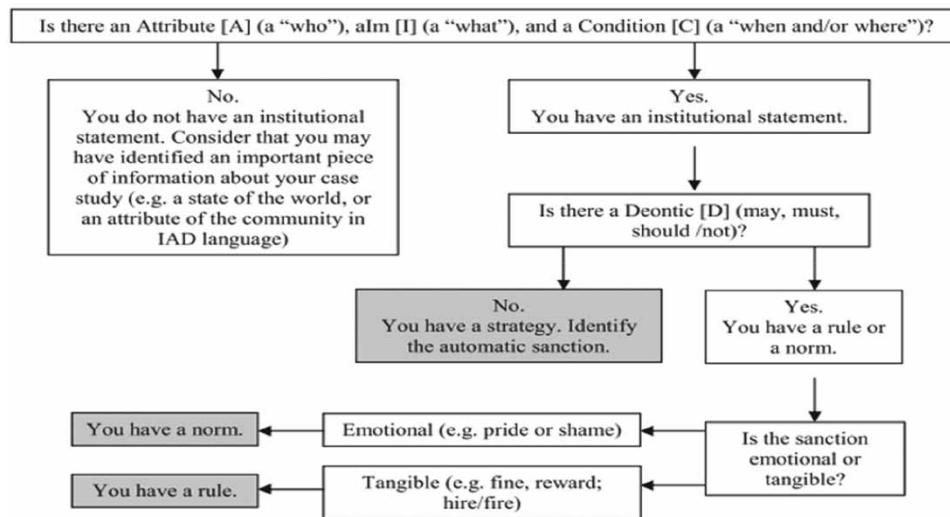


Figure 2 | Decision tree to identify an institutional statement (Watkins & Westphal 2016).

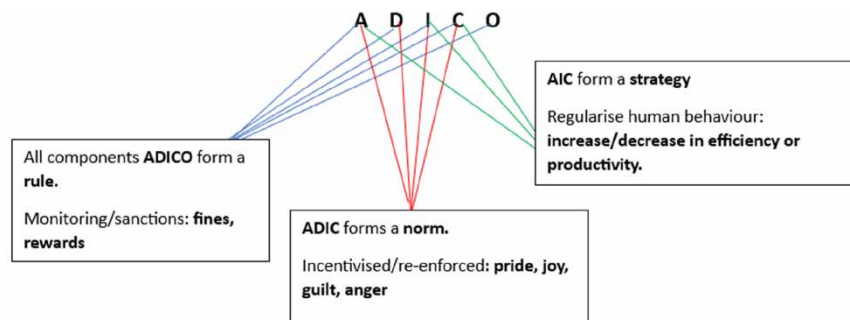


Figure 3 | ADICO syntax coding rules.

presence of a deontic in any institutional statement signifies that the statement is no longer a strategy and the words used indicate the intention of the institution (Siddiki *et al.* 2011).

The guidelines for the ADICO syntax application have been adapted from Basurto *et al.* (2010) to suit this study and the methodology is set out as follows.

- 1 Code each sentence as a unit of study with reference to the attribute, deontic, aim, condition, and or else.
- 2 Definitions, titles, and headings should be disregarded when coding as they are not considered part of the institutional statement but are there for reference.
- 3 Subsections and sub-subsections may represent more than one norm, or rule, or strategy and should be coded in individual units (see Figure 3).

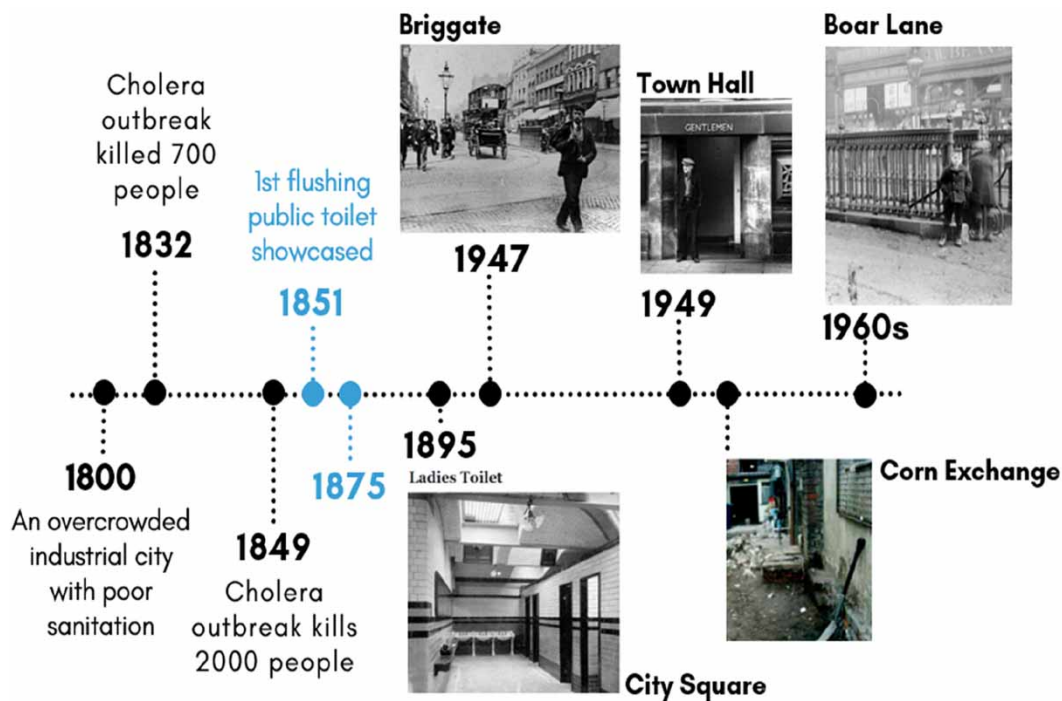
3. RESULTS

3.1. Sanitation changes in Leeds City Centre

Leeds is the administrative and employment centre of the Yorkshire and the Humber district, in the north of England (Meegan 2015), and the population continues to grow, expanding from 751,000 in 2011 to 812,000 in 2021 (World Population Review 2024). Leeds City Centre has undergone several infrastructural changes from the 1800s when it was a manufacturing industrial centre to the present service industry hub. The fascinating economic and infrastructural changes within the city centre itself from the 1800s are also related to the current public toilet situation (Figure 4).

Table 1 | Example of the application of the IGT grammatical syntax adapted from Basurto *et al.* (2010) and Siddiki *et al.* (2011)

| | | | |
|-----------|---|--|---|
| Attribute | A | Is the part of an institutional statement that includes and describes the subject. For example, if the subject is an individual, the descriptions may include gender, sex, age, or position or for organizations the attributes include descriptions of the organization itself, its size, and name. Crawford & Ostrom (1995) advised that one way of identifying attributes is to identify the individual or organization to which the Deontic or Aim applies to. | You |
| Deontic | D | Is the regulatory operator of the statement that indicates what is permitted, prohibited, or binding. Other words or similar may be used to regulate the institutional statement, for example must (permitted) or must not (prohibited). Deontics can be indirect or indirect. | Could can |
| Aim | I | Explains the aim of the goals or actions of the statement including identifying historical and spatial boundaries related to the actions of the statement. The interpretation of the aim determines the attribute and may potentially alter the deontic. The coding of a statement by policy makers is determined by the intended action. | Caught urinating |
| Condition | C | Is the part of the statement that modifies the Aim. It can also include descriptions of the actions occurring within the statement. Conditions are often associated with words such as when, how, and where. One institutional statement can be formed of multiple conditions as long as they are not identified as standalone statements | In public |
| Or Else | O | Defines the sanctions applied to the attributes if they are found in violation. There is need for the O to be supported by statements that specify the monitoring, enforcement, or incentives for the attributes | The police can charge you with public disorder under the Public Order Act |

**Figure 4** | Historic annotation of the relationship between public health and public toilets in Leeds City Centre.

In 1858, Leeds was described as one of the most overcrowded, filthy, and unhealthy villages in the county of York due to the water and air pollution from the manufacturing industries (Baker 1858a, b).³ Leather (1842)⁴ mentions that the river Aire was injurious to health due to the 'excrement matter and liquid waste discharged into it and heavy matter consisting of ash collected from the streets'. During this period, both densely populated back-to-back housing and manufacturing industries were located in Leeds City Centre, with the back-to-back housing reported to be particularly problematic to environmental health due to continuous outbreaks of cholera and typhoid: the first was reported in 1,832 killing more than 700 people and the second epidemic killed more than 2,000 people in 1849 (Niven & De Courcy Meade 1895; Harrison 2017).

By 1850, the city council had built sewers, but it was only in 1899 that it became compulsory for all dwellings in Leeds to be connected. These sanitation changes were important as they highlight the problems leading up to the clean-up of Leeds City Centre. Delving into the archives explains the historical infrastructure and sanitation transformation of Leeds City Centre from the 1800s to its present status. The proliferation of public toilets in Leeds City Centre is evidenced by photographs of various sites around the city centre dating between 1848 and around 1967 (see Figure 3).

The start of the 20th century saw continued change – Leeds started to move from manufacturing to engineering with a growth in industries such as tram building and a switch to tailoring accompanied by a decline in cloth manufacturing. The service industries grew rapidly: in 1951, 55% of the workforce was employed in manufacturing, but this fell to 35% by 1973 with the workforce increasingly involved in banking, insurance, and catering. The growth of industries has close associations with an increase of people in public spaces. The growing wealth and consumerism led to new ways to shop including department stores and shopping malls. This culture of shopping in comfort was aimed at keeping the customer in the store for as long as possible to boost spending. Therefore, it was common for department stores to have in-house cafes and customer toilets.

In the 1970s, to encourage people into the city centre, Leeds City Council turned its focus towards pedestrian-centred planning (Beecham 2021). Commenting on the current road restructuring and pedestrianization of Leeds City Centre, a report by the city transport chiefs stated:

'This strategy focuses on providing high quality spaces in between buildings which meet the needs of people first, to improve connectivity to and from surrounding neighbourhoods, help tackle the climate emergency, improve air quality and to foster enjoyment community, innovation and collaboration.' (Beecham 2021)

However, these changes had possible effects on the public toilet provision in the city centre: during this re-planning of the city centre, some of the underground public toilets were tarred over to allow for road widening, new cycle tracks, and broader pavements. While the pedestrianization of the city centre was welcome, the lack of public toilets negated this development as it simultaneously encouraged and discouraged people from coming into the city centre. The presence of boarded-up public toilets and those that remain functional but are closed to the public, only opening for special events in Leeds City Centre, revealed disproportions in urban management and maintenance often resulting from budget constraints, increased vandalism, or a shift in public service priorities. These scenarios highlight the challenges faced by cities in balancing accessibility, maintenance costs, safety, and sustainability of public toilet infrastructure. Although we were unable to identify the specific dates of public toilet closures in Leeds City Centre, historical photographic evidence from the archives (Leeds City Library) shows their existence until the early 1970s.

The most common excuse for the closures of public toilets in public spaces and cities was the falling budget allocated for public toilets against a backdrop of a growing population and rapid urbanization (Greed 2016). While public toilet expenditure has always been low as is the norm in sanitation investment, the last two decades have been the worst, public toilet provision has been hit hard by austerity (O'Hara 2015, Pollak Williamson 2022). A 2008 House of Commons government report agreed that there was a public toilet crisis in the UK, prompting the government to create a strategic guide, 'Improving Public Access to Better Quality Toilets', aimed at supporting local authorities in improving their public toilet provision

³ In Leeds, the local exemplar in this field of enquiry was Dr Robert Baker, who, during the 1830s and early 1840s, was the most active and influential advocate of sanitation, writing several sanitation reports between 1842 and 1858 (Baker 1858b).

⁴ Engineer John W. Leather was responsible for planning the sewers of Leeds in 1842, in his Public Health report "Means of providing an effectual sewage for the town of Leeds", he wrote about the state of sanitation in Leeds. The sewers were adopted after the 1848 Public Health Act. From: <https://etheses.whiterose.ac.uk/26088/1/753984.pdf>.

(House of Commons 2008). Without monitoring or consequences, the strategic guide did not have any impact on public toilet closures, nor did it improve public toilet provision. The turn to community public toilet schemes and publicly available toilets may seem to have increased the public toilet base, but, without addressing accessibility and availability issues, the improvement becomes complex to ascertain. In 2020, another proposal was put forward and a 'Levelling Up' white paper was created in parliament aimed at solving place-based problems; public toilet provision was also on the agenda. The commitment of this White Paper 'Levelling Up the United Kingdom' was 'By 2030, pride in place, such as people's satisfaction with their town centre and engagement in local culture and community, will have risen in every area of the UK.'⁵ There is no direct reference to public toilets, but, in order to unlock the economic potential of cities, citizens need unrestricted movements, which can partly be delivered by a sustainable public toilet system

3.2. Coding the 1936 Public Health Act, section 87, Institutional Grammar Characteristics

The 1936 Public Health Act is composed of three institutional statements, which have been coded using the IGT ADICO syntax. The title and the 4th statement were not coded. Figure 5 shows the application of the IGT grammatical syntax in this coding.

In summarizing the institutional statements, we gain better understanding of how the Attribute – county council/local authority link with the prescriptive operators – Deontics (may, shall not) to direct the actions of the implementation of the legislation. Figure 6 shows how the Attribute uses depicted Deontics to determine the actions of associated public toilet activities.

The results of this coding indicate that none of the three statements in the Public Health Act 1936, section 87, include all five characteristics (ADICO); they include no monitoring parameters or sanctions and are therefore not 'rules'. Ostrom (2007) defines rules as 'shared prescriptions (must, must not, or may) that are mutually understood and predictably enforced in particular situations by agents responsible for monitoring conduct and for imposing sanctions'. Institutional statements 1 and 2 have the components of ADIC and are therefore 'norms'. These are shared instructions that tend to be re-enforced by incentives (Basurto *et al.* (2010)) The deontic 'may' is not supported by any time limitation on the Aim and the 'Or Else' is entirely missing, which allows the relevant institution to evade responsibility.

Institutional statement 3 has AIC components and forms the strategy, that is the regularized plans made within the structures of incentives created by rules, norms, and expectations, as described by Crawford and Ostrom (Basurto *et al.* 2010). A strategy assists in the regularization of human behaviour, for example in (3a) local authorities will make other laws to govern how they want to provide and manage public toilets at whatever fee they see fit without any interference or consequences from the central government. Another facet of human behaviour is regularized by a pay-per-use fee (3c), which determines affordability or frequency (only those who can afford to use the facilities). Other bylaws such as opening times, maintenance, and accessibility levels also affect human behaviour when interacting with the public toilet infrastructure.

The norm-driven Public Health Act 1936, section 87, significantly impacted the lack of public toilets in Leeds City Centre by shaping both planning decisions and local authority financial expectations. This can be compounded by societal norms that see public restrooms as secondary to other urban priorities, leading to insufficient investment and maintenance. Consequently, the lack of public toilets in Leeds City Centre becomes a manifestation of these entrenched norms without any consequences for non-provision, highlighting the need for a shift towards robust legislation that integrates essential public toilet infrastructure into urban planning.

4. DISCUSSION

The discussion unpacks the results in three sections discussing the implications of norm-based legislation for public toilet provision as sociopolitical contexts shift, how they have contributed to the emergence of alternative forms of toilet provision, and what it means for public accountability in Leeds City Centre space.

⁵ See: Levelling Up the United Kingdom, Presented to Parliament by the Secretary of State for Levelling Up, Housing and Communities by Command of Her Majesty. 2 February 2022 pages XVI, XVIII. Levelling Up the United Kingdom (publishing.service.gov.uk).

87 Provision of public conveniences [F1 in England].

[F2(1)] [F3 A county council in England, a local authority in England] or a parish F4... council may, subject to

A

D

subsection (2) of this section, provide sanitary conveniences in proper and convenient situations.

I

C

(2) Any such council or authority shall not provide any such convenience in or under a highway or proposed

A

D

I

C

highway for which they are not the highway authority without the consent of the highway authority.]

(3) [F5 Any such council or] authority who provide any public sanitary conveniences, may—

A

I

C

(a) make byelaws as to the conduct of persons using or entering them.

C

I

C

(b) let them for such term, at such rent, and subject to such conditions as they think fit.

C

C

(c) charge such fees for the use of any such conveniences F6... as they think fit.

C

I

C

(4) In this section the expression "sanitary conveniences" includes lavatories.

Figure 5 | Coded Public Health 1936, section 87.

4.1. Erosion of infrastructural citizenship in norm-based policies

Research in geography and sociology has indicated that inadequate public toilets contribute to disabling environments and a lack of belonging, undermining public space citizenship (Jones *et al.* 2019; Wiseman 2019; Cooper *et al.* 2000; Kitchin & Law 2001). Given their importance in supporting people's health and promoting dignified social behaviour and lives, public toilets should be a key infrastructure in our cities. Legislation must, therefore, be supportive of public toilet provision as part of building inclusive sustainable cities.

Although the Public Health Act 1936, section 87, states that local authorities may provide public toilets, this analysis demonstrates that it does not ensure that citizens have been provided or have access to them, potentially violating the human right to sanitation. The grammatic syntax of the Act reveals how if a policy is not clearly defined, it enables decaying political judgements, eroding the rights of citizens, affecting institutional and individual choices, as well as societal outcomes such as (the lack of) equality in public spaces and failures in the accountability and effectiveness of local authorities.

The centrality of infrastructural citizenship in urban cities such as Leeds takes root from the multiple ways in which infrastructure, such as public toilets, is deeply embedded in systems created by the state through institutional statements. The infrastructural relationship can be felt through policy and social relationships, and can also be politically motivated.

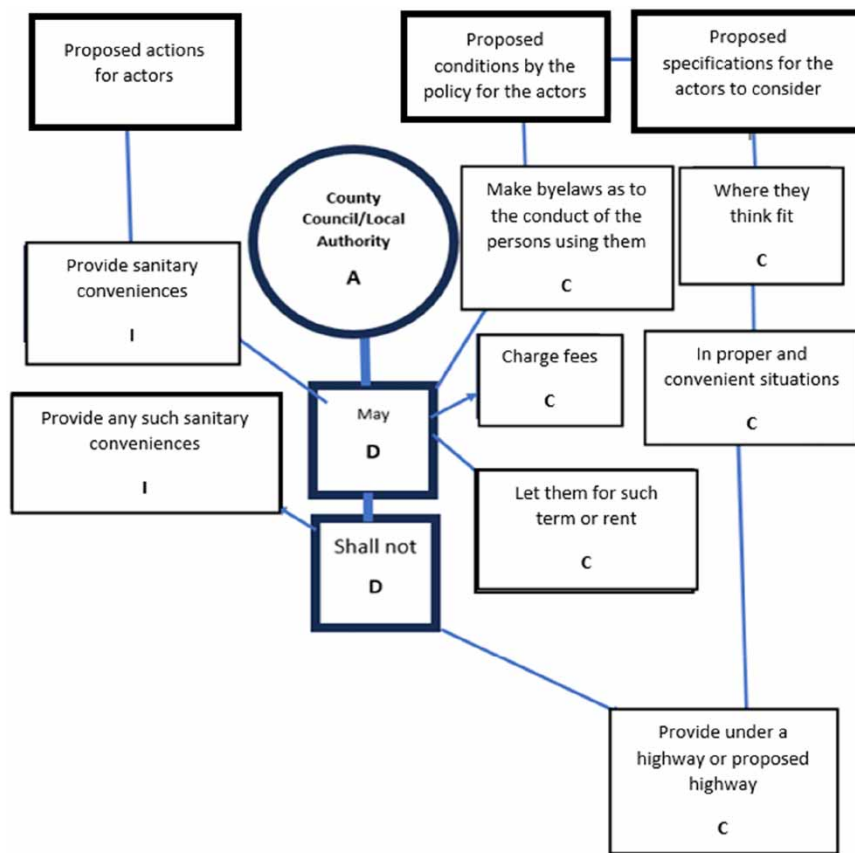


Figure 6 | Attribute cluster analysis.

Urban infrastructure changes all the time, defining how we live our lives, and providing signs of progress – or regression (Graham & Marvin 2002; Edwards 2003). Greenberg (1998) stated that infrastructural networks have become a part of modern-day urban life, and their provision is taken for granted by citizens, even where it is not actually provided. As we see in the media reports, residents are aware that there are no public toilets in Leeds City Centre, they feel their lack of public toilet citizenship and are searching for clarity. The voicing of their concerns on various media platforms reveals the failures of local authorities in meeting the expectations of citizens. Legislation such as the Public Health Act 1936, section 87, with unclear deontic characteristics such as the word ‘may’ have increased the infrastructural fragility of public toilets. This undefined level of responsibility has led to unsatisfactory public toilet provision consistent with the flexibility of norm-driven legislation or policies.

In legislation and policies, norms are used to rally support, rationalize actions, accredit responsibility, and justify apportioning praise or blame for an action (Dworkin 2013). The multiple functions of norms are important as they can remain valid, although their prescriptive language may not lay claim to the actual problem solving. Kratochwil (1984) emphasizes the dependence of norms on due process, good faith, and reasonableness whose context-free standards may not necessarily be implied in the decision-making process. The lack of rules in the Public Health Act 1936 suggests that the local authorities are not obliged to provide public toilets, and there is no way of enforcing public toilet provision by the government or relevant ministry. Therefore, the growth of public toilets in the UK and Leeds before 1980 was due to other norm-related factors such as praise, pride, campaigns by groups demanding equal access to public space, and the responsibility of maintaining public health. Norm-based policies are particularly sensitive to economic and environmental changes. The economic downturn of the late 1970s and the early 1980s saw the Westminster government struggling to financially support local authorities (Herschel 1993), contributing to a decline in public toilet provision in the UK.

The fragmented people’s voices from various organizations representing different marginalized groups have been increasing in the last two decades, but the public toilets closures have continued. The non-context language used in norm-based

policies shifts concern away from the actual problem to the acceptance of the explained solution to the problem creating a 'normal state of affairs' (Kratochwil 1984). Lien (2020) argues that human behaviour and governance are inter-linked and over time people become dependent on institutional systems, which convey directions through institutional statements.

The lack of public toilets in Leeds City Centre after the 1970s is a complex issue. While Leeds City Centre has had no known public toilets for over 50 years, planners are aiming for pedestrianization and inclusive cities. Post Covid, The Leeds City Council Joint Strategic Assessment Committee stated that:

'The future of our centres is paramount to how we recover from the Covid-19 crisis economically and socially in a truly inclusive way. This is directly linked to our ambition to deliver Inclusive Growth across the city, whilst striving to be the best city for Health and Wellbeing and tackling the Climate Emergency. Centres play a major role in delivering quality of life and integrating COVID-19 economic recovery with both Health and Wellbeing and Climate Action within them will ensure our economy and our places are supported as much as possible.'(Bolam 2021)

While it is a noble statement on building inclusive cities, the recommendations fail to address the sanitation (and other) needs of the population, which may both affect whether people are able to access the city, which in turn impacts the city's economic growth, public health, and wellbeing.

4.2. Alternative access to (public) toilets

Greed (2004) identified UK public toilet provision as being fragmented between several different service providers. This includes the few still existing in the public sector (local authority facilities), but also provisions operated by private organizations such as toilets found in train stations, bus stations, and shopping centres. Even within local authority provision, there is often a fractured service, with facilities operated by different departments within the authority such as parks and recreation and environmental services. Further confusion regarding provision has evolved through the introduction of community toilet schemes that act as partnerships between local authorities and local businesses in which the local authority pays an annual premium to cover costs to the business in making their toilets available to non-customers. Because of this provision, Bichard & Knight (2012) argue that there are many toilets on the UK high streets that can be used by members of the public, which minimize the impacts of the decline of public toilets. However, these privately managed toilets have opening hours decided by the business; it is also unspoken that some people may not be welcome to use them; therefore, their accessibility is questionable. This is mostly felt by unhoused populations and is enabled by the Westminster Government through the Vagrancy Act, which is a piece of legislation criminalizing the unhoused without offering alternatives or resolving the root causes of homelessness.⁶ Under this legislation, activities associated with homelessness such as loitering or sleeping rough can lead to criminal charges. This legal scrutiny can deter individuals from using public toilets, as they may fear being penalized or harassed for their presence. The act exacerbates the difficulties faced by homeless individuals, who are already struggling with the challenges of basic sanitation, maintaining personal hygiene and dignity. The Vagrancy Act, therefore, not only criminalizes homelessness but also limits essential access to facilities, further entrenching the barriers faced by vulnerable populations.

Taken together, these approaches demonstrate that local authorities are not central actors, rather partners in defining and shaping legislation (Pierre 2000; Michels & Meijer 2008). With the Public Health Act 1936, section 87, the guiding influences are varied and socially influenced by factors such as changing infrastructure, population growth, government funding, and the ability and desire of local authorities to invest in public toilets. Cortell & Davis (1996) uphold that sometimes prevailing conditions determine how difficult it is to implement legislation, and the dependence of the legislation on localized social and political factors is significant. Although the legislation indicates some level of responsibility on local authorities to provide public toilets, shrinking local authority budgets and a lack of political will, on the part of the government and local authorities, have resulted in unjustifiable public toilet inequalities throughout the UK.

⁶ Changes to legislation: Vagrancy Act 1824 is up to date with all changes known to be in force on or before 01 May 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. <https://www.legislation.gov.uk/ukpga/Geo4/5/83>.

4.3. How do norms in legislation affect the accountability of public toilet citizenship

In 2010, the right to sanitation was recognized by the UN General Assembly and the Human Rights Council (United Nations 2010), conferring an obligation on the UK government to ensure that everyone has physical and economic access to sanitation, in all spheres of life, including public places (United Nations 2009). This human right is used regularly in discussing access to sanitation in low- and middle-income countries but is less commonly invoked in high-income countries such as the UK, although it dovetails with the concept of infrastructural or public toilet citizenship.

According to the Office of the United Nations High Commissioner for Human Rights (OHCHR) (United Nations 2010), accountability has three dimensions: responsibility for actions, answerability to those who have been or will be affected, and enforceable sanctions where actions are found wanting. In the case of public toilet provision in the UK, all these aspects of accountability are missing, as the provision of public toilets is the choice of the local authority.

Regarding public toilets in the UK, the policy prescriptions do not match either the human right to sanitation, or what the people want. However, populations are also considered active agents in pushing the state and local authorities into continuous engagement on sanitation issues. Lemanski (2020) states that citizens can reconfigure state-sponsored infrastructure to suit their needs. Building on this point, this paper clearly shows that public toilet citizenship does not occur overnight, but it is embedded in the historical processes transforming the cities. The sanitation and public toilet struggles of Leeds City Centre are intrinsically tied to the service changes that occurred within the city centre from the 1800s to the present. In the absence of changes to a more prescriptive legislation or relevant policy, a route to rebuilding public toilets in Leeds is through connecting them to ideas around civic pride and citizenship.

5. CONCLUSION

Relationships between public toilet citizenship and the local authorities are demonstrated through policies, expectations, and political prioritization. Lemanski (2020) stated that to understand infrastructural citizenship in public toilet provision, the relationship between accessibility and political nature of provision has to be explored through an institutional statement lens. While the Public Health Act 1936, section 87, issues guidance on the provision of public toilets, it does not offer any monitoring of service delivery, or sanctions for non-compliance, which, in turn, undermines public toilet citizenship. The policy analysis reveals an undefined relationship from the government to local authorities down to the citizens. This opens up space for local government to turn away from its obligations under the human rights to sanitation failing to address the needs of all users of the city. This article argues that national legislation in modern horizontal governance leaves exploitable gaps in provision, including monitoring and accountability processes, undermining public toilet citizenship. We argue that more needs to be done in the UK to improve public toilet citizenship for people accessing public spaces as the current legislation lacks the capacity to do so.

Our focus on the complexities of normative legislation reveals how these can be implemented differently depending on other prevailing influences, and this has been a major contributing factor to different levels of public toilet provision in the UK. While public toilet provision was practiced up until the 1970s, the changes in economic factors and city development have led to local authorities diverting their attention to other matters such as the creation of green spaces at the expense of public toilet provision (Pollak Williamson 2022). We also put forward that public toilet provision should be considered as necessary infrastructure to increase the public use of green spaces. The connection of infrastructure, public health discourses, and local authority governance in cities cannot be ignored as public toilet citizenship remains unequal, fragmented, and unsupported by robust legislation, just as it was in the 1800s when women were excluded from public toilet citizenship.⁷

Public toilet citizenship is an essential consideration for individuals facing housing instability. Access to clean, safe public restrooms is not just a matter of convenience but a fundamental aspect of dignity and hygiene (Ramster *et al.* 2018; Bichard & Ramster 2021). For those waiting for housing solutions, reliable public toilet facilities become a crucial resource, enabling them to maintain basic health standards and personal comfort. Adequate public toilet infrastructure supports not only the physical wellbeing of these individuals but also their social inclusion, ensuring that they are not further marginalized while they navigate the complex process of securing stable housing.

⁷ Women's rights and the "loo leash": the fight for public toilets in the UK. Available at: <https://wash.leeds.ac.uk/womens-rights-and-the-loo-leash-the-fight-for-public-toilets-in-the-uk>.

While it is not a public health concern at the magnitude of the 1800s disease outbreaks, the current lack or inadequate public toilet provision should be of concern for anyone interested in building inclusive cities and a healthy society.

DATA AVAILABILITY STATEMENT

All relevant data are included in the paper or its Supplementary Information.

CONFLICT OF INTEREST

The authors declare there is no conflict.

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