In Desperate Need: Public Sanitation in Contemporary London

Victoria Habermehl (iD)

Urban Institute, University of Sheffield, Sheffield, UK, victoria.habermehl@sheffield.ac.uk

Colin McFarlane (iD)

Department of Geography, Durham University, Durham, UK, colin.mcfarlane@durham.ac.uk

Abstract: There has been a collapse in the number of public toilets in UK cities. Austerity cuts, a lack of legal requirements, and a failure to prioritise sanitation has led to significant health and equality impacts. Research on public toilets in the Global North focuses on their historical production, contemporary design, or on the experience of particular social groups, with less work bringing governance and social experience together. We argue for a focus on the "ungoverning" of sanitation, on how residents "learn" sanitation in the city, and on the need for radical transformation in sanitation approaches and delivery. Drawing on research in London, we set out the challenges for public toilet provision and make a case for a sanitation revolution in British cities. We focus on the experience of delivery drivers and residents with health concerns in order to illustrate the inequalities in provision and their consequences.

Keywords: sanitation, public toilets, urban governance, social experience

Introduction

Public toilets are vital provisions in British cities, but over the past few decades their number and condition have sharply declined. Estimates suggest a loss of 50% in facilities across the UK, and some cities have just one or two publicly provided toilets (Bradley 2023). A combination of central government budgetary cuts to local authorities, an absence of statutory legal requirements for state provision of public toilets, and a failure to connect toilet provision to larger questions of health, well-being, and inclusivity, has led to closures and inadequate maintenance across the country.

The state of public toilets is not due to a lack of funding alone; important too are questions of governance, regulation, the geography of facilities, maintenance, and understanding of the number and nature of toilets and the social and economic impact. Local authority spending on public toilets has halved in the past decade (Fenny 2019), some regions have almost stopped maintaining toilets, most cities lack dedicated public toilet policies and budgets, and governance responsibility is fragmented and reactive. Given that as much as 43% of the population have conditions that require frequent use of a toilet, and that one in five experience the "loo leash"—whereby inadequate toilets deter people from leaving

their home as much as they would wish—public toilet provision is now in crisis in British cities (Royal Society for Public Health 2019).

This is a crisis that has been largely ignored in policy and public debate. However, there is growing recognition amongst city and health officials that good quality public toilet provision is important in supporting public health and meeting equality concerns, especially for disabled and marginalised groups. Given that cities, in the context of climate change, are encouraging people to walk, cycle, or use public transport, the decline of public toilet provision is an increasingly relevant concern. Existing research on cities and sanitation in Geography and cognate fields has focused, for good reason, on the Global South, but these deepening concerns are under-researched in the Global North. The dimensions of the sanitation crisis in the UK are growing and include public toilet access and maintenance, outdated and under-capacity sewage systems, pollution caused by untreated sewage spilling into water courses and coastlines, and often highly politicised debates on gender-neutral toilets.

As we will show, research on urban sanitation on British cities tends to focus on how sanitation is designed and produced, or on how particular groups are affected by its relative absence. There is also a body of research focused on the past, particularly the production of sewage infrastructure and Victorian public toilets. There is less research, however, that combines the governance and experience of sanitation into one research agenda. We call for a more sustained research agenda on public sanitation in cities in the UK and Global North, and aim to make three key contributions to existing literature.

First, and most straightforwardly, our paper is a call for greater focus on the geographies of a key but largely neglected question in critical geographical research, particularly in the Global North where the scale and range of the issues attached to sanitation inequality is growing (e.g. Meehan et al. 2023; Williamson 2022; Wiseman 2019). Sanitation is an interconnected web of concerns spanning health, livelihood, planning, legal issues, and urban sociality, differently expressed across space. The question of who gets access to what, where, how, when, and why is one that Geographers are well placed to populate. Second, we build on existing literature on sanitation to emphasise the increasing urgency of addressing sanitation as a public good and equality issue, including as a Lefebvrian right to the city, rather than a narrow question of waste management alone (McFarlane 2023; Speer 2016). From our case in London, we argue that that there has been an "ungoverning" of sanitation that demands a radical shift in the policy, economic, and cultural valuation of public sanitation, and nothing short of a sanitation revolution. And third, given that the absence of good public toilet provision is particularly challenging in spaces of high density, running through our arguments is how urban density—numbers of people in place, both as residential density and temporary densities in public spaces—impacts the governance and experience of sanitation, and call for greater focus on the links between provisions, urban space, and changing densities.

The scale of what is often a hidden sanitation crisis in London is remarkable. Those most affected in the city include over a million people over 65, more than a million with a disability, half a million with Crohn's and colitis, and the many

people who need more regular access to toilets because they are pregnant, breastfeeding, ill, or suffering from other conditions, and that's before we count the moments all residents will sometimes experience of struggling to find an available toilet when travelling through the city. There are, then, a wide range of potential ways in which to illustrate the inequalities in public sanitation, and in order to reflect some of the range of issues and their consequences, we focused on two groups in particular: delivery drivers and those with health concerns, particularly Crohn's and colitis.

Researching Urban Sanitation

The research reported here is part of a larger project on urban densities (e.g. Chen and McFarlane 2023; DenCity 2024; Habermehl and McFarlane 2023; Tripathy and McFarlane 2022). That project aims to understand how people experience and perceive different kinds of density in the city in relation to distinct domains, including sanitation (McFarlane 2023). Our starting point was to ask whether in conditions of high density, including residential densities, temporary densities in public space, or densities "on the move" in transit (e.g. delivery drivers, people using public transport systems), pressure on public toilet provisions would be more acute. From there, what unfolded was a set of narratives through which residents experience inadequate sanitation in the city, including but not limited to density.

We selected London for two reasons. First, it has the highest densities and density fluctuations in the UK. Second, because despite consistently strong economic growth (Raco and Brill 2022), London has experienced a dramatic collapse in public toilet provision. Precise data are difficult to find, given that there are no standardised methodologies for recording information or to communicate data to the wider public, and that councils often have no individual or group responsible for collating data. As Raymond Martin, Managing Director of the British Toilet Association (BTA), remarked in interview, data are siloed across "parks, amenities, technical services, environment, building, control, leisure", and more. There are also inconsistencies in data, where for example train stations in the city might publish data on toilet access that include toilets that are accessible only to staff. Nonetheless, the data that do exist suggest significant variability among the city's 32 boroughs, ranging from 27 to zero (London Assembly Health Committee 2021).

Many public toilets across London have been sold and converted to bars, cafes, apartments, or offices, while others remain boarded up. While some of these closures have become politicised (see, for example, the case of Brixton's public toilets [Brixton Guide nd; Brixton Hatter 2016; Larbi 2016; Urban 2020]), this process has usually happened quietly with little or no public consultation, particularly as authorities have sought to reduce budgets in the face of the austerity programme initiated by the 2008 UK Conservative–Liberal Democrat coalition government. The conversion of public toilets into commercial and residential space in the city is symptomatic of larger logics of state welfare withdrawal from the public realm and accompanying privatisation, including trends in micro-space design in which

an aesthetic of small-space leisure is promoted as "quirky" or "alternative" (Landon 2018; Pomranz 2020; Skoulding 2020; Street 2016).

We began with existing contacts based on previous research in London (Habermehl and McFarlane forthcoming), most of whom are in council roles. Our focus initially was Tower Hamlets, the densest and fastest growing (in population) borough in London, and from there we snowballed through contacts to other boroughs. As we began the research, the Independent Workers of Great Britain (IWGB) Union had been running a campaign to support access to toilets for delivery drivers across London. We contacted them and they were interested in our research, which led to interviews with a range of delivery drivers affiliated with the union. At the same time, given the range of issues that were being raised in our initial interviews as connected to sanitation, our research widened in other directions. People with particular health concerns emerged as especially important, given the challenges of accessing public toilets in dense urban areas. We contacted Crohn's and Colitis UK, who helpfully agreed to allow us to use their communication network to invite residents to participate.

As the research developed, interviewees raised a range of different concerns, including the design and maintenance of public toilets, from toilets in underground or bus stations to those provided in local businesses through local authority-run schemes (often called "Community Toilets"—we will return to these below). This led to a further widening of the research, including organisations involved in toilet design, local and national campaigning organisations, and organisations beyond boroughs and the London Assembly. We interviewed, for example, Transport for London (TfL) and the BTA.

We conducted 35 interviews in total, including with municipal staff responsible for sanitation management, local and national activists and campaigners, and residents and workers (delivery drivers) directly impacted by sanitation services. Throughout, and in the data presented, we have been careful to ensure anonymity, where requested, through pseudonyms and to remove information that could act as identifiers. We assured participants of confidentiality and, as carefully as we could, have removed any materials that might inadvertently reveal personal information about interviewees or others. In most cases, we have anonymised both individual names and borough locations, given concerns that were often raised by borough staff about discussing sensitivities around policy prioritisation and budget setting by participants who did not want employers hearing concerns about work provisions (e.g. delivery drivers), or individuals who wanted to ensure that particular health concerns remained private. Some of the interviews entailed discussion of sensitive issues that people feel strongly about and, in some cases, uncomfortable discussing. Discussing topics related to health conditions, bodies, and toilets can be sensitive. We attempted to build trust with our interviewees, making clear they were not obligated to answer any questions they were uncomfortable with, and that they could end the interview at any time without having to explain why. On the whole, this reassured interviewees; in cases where concerns remained, we talked them through and adjusted accordingly.

We do not, of course, present our case here as representative of the UK as a whole. London has its own features, whether in relation to governance

(boroughs, the mayor's office, the Greater London Authority [GLA], the central state, and a host of often powerful corporate actors) or in relation to often relatively high densities, social and cultural diversity, and economic conditions (Raco and Brill 2022). Moreover, the experiences of delivery drivers or individuals with Crohn's and colitis are highly varied within and between these groups, and there are many others impacted by public sanitation inadequacy that we do not consider in detail. However, the key challenges we pin-point—the "ungoverning" of public toilets, and the everyday challenges of trying to find an adequate toilet while working and moving around the city—are not unique to the capital (e.g. Royal Society for Public Health 2019). We hope that the narrative here resonates with colleagues working in different cities in the UK and beyond.

Conceptualising Urban Sanitation

There is a large and growing literature on urban sanitation in Geography and cognate fields, especially Urban Studies, Planning, Sociology, Anthropology, and Cultural Studies. The vast majority of this work is focused on the Global South. This research has examined inequalities in access to toilets, the inadequate conditions of toilets including the lack of maintenance, and the relations between sanitation provision and health, dignity, gender, race, ethnicity, caste, and other social vectors such as age (especially children and the elderly) and bodily ability (e.g. Black and Fawcett 2008; Jewitt 2011; McFarlane et al. 2014; Satterthwaite et al. 2015). There is also a growing body of literature on the often torturous conditions of formal and informal sanitation labour (e.g. Sharior et al. 2023; Walker et al. 2024), and an increasing interest in the potential for off-grid, decentralised structures compared with other more "conventional" and centralised systems, such as sewers (e.g. McFarlane 2023; Nakyagaba et al. 2023; Satterthwaite et al. 2019). Our effort to combine governance and experience is inspired by some of this work (e.g. Satterthwaite et al. 2015; Truelove 2021).

While sanitation poverty and inequalities are significantly more pervasive and acute in the Global South, the erosion of basic provisions in the North requires a degree of caution in using "North–South" binaries. Sanitation is part of a suite of fundamental infrastructures and services that have been eroded over recent decades, including housing, healthcare, and welfare (Dorling 2023). The withdrawal of state support for public provisions and the deepening of an ideology of neoliberalism is a familiar story, and sanitation is no exception. In the UK, a combination of central government budgetary cuts to local authorities, and an absence of statutory legal requirements for state provision of public toilets, has led to closures across the country (Greed 2019). Local authority spending on public toilets has severely declined, some regions have almost entirely stopped maintaining public toilets, most cities do not have dedicated public toilet policies or budgets, and governance responsibility is fragmented and reactive. Between 2010 and 2013, as the government's austerity programme hit, almost all local authorities cut funding for public toilets, one in seven public toilets in the UK were closed due to funding cuts, and between 2015 and 2021 there was a

further 19% drop in the number of public toilets funded and maintained by local authorities (Jayanetti 2021; Royal Society for Public Health 2019).

At the same time, there was never a "golden era" in public toilet provision in the UK, and the collapse in what has always been a fragmented public toilet provision has been an ongoing historical trend that precedes neoliberalism. While the discourse on British public toilets has radically departed from the view prevalent in the mid-19th century that they were necessary for the physical and moral health of urbanites, there were always exclusions along lines such as gender, race, age, and bodily ability (Greed 2019; Penner 2013). Over more than a century and a half, public toilets have been cast, first, as morally questionable spaces, wrapped up in social anxieties around homosexuality in particular, and later as unprofitable nuisances that are unsightly, smell, or attract people with drug or alcohol addictions (Williamson 2022).

At the same time, central public toilets are sometimes located in expensive or potentially high-return investment spaces. In one case, a group of artists and activists sought to purchase a discarded public toilet only to find it was on land owned by the University of London. Their campaign to have it listed as an "Asset of Community Value" did not succeed, and the structure was later sold off to make way for a cafe chain. If, in a time of climate change, urbanites are to spend more time walking and cycling rather than driving, asked one of those involved, then why is providing decent public toilets not part of public, political, and planning debate and processes (ibid.)?

What has been happening in recent decades is a double process of the unravelling of public toilets in cities. On the one hand, existing public toilets have in many places been closed or so poorly maintained as to be largely unused. Local authorities often do not have the resource to invest adequately in maintenance of the public toilets that do exist, and the combined impact of austerity, COVID-19, and inflationary pressures has further reduced budgets for cleaning. Age UK (2022) has estimated that 80% of Londoners find public toilets to be in bad condition, to the point that some are even put off travelling to particular parts of the city. On the other hand, the public toilet has become increasingly de-linked from the imaginations of city leadership more focused on other infrastructure and services such as transport, design-led public spaces, and the digitalised and automatised "smart city".

In their study of how homeless people encounter the closure of public toilets and water sources in London, Meehan et al. (2023) developed a useful conceptualisation for this unravelling which they call the "dwelling paradox". On the one hand, there is a growing global focus on the right to sanitation and water, as reflected for instance in the United Nations Sustainable Development Goal to provide sanitation for all by 2030. On the other hand, in places like London the right to these services is being increasingly eroded. Homeless groups experience the dwelling paradox acutely, given that they are so often forced to access toilets in public space but find that austerity plus a "customers only" approach to toilets that sometimes criminalises their presence (e.g. through "anti-social behaviour" ordnances) means that these provisions are often closed to them. This is not, then, an accidentally produced condition, but one actively shaped by cities

governed through neoliberalism, where provisions are governed as privatised, individual rights rather than collective resources (Meehan et al. 2023).

Sanitation management has become increasingly de-collectivised, de-prioritised, and disciplinary. Writing in *Red Pepper* about the impact of austerity budget cuts on public toilets in the UK, Dunnico (2014) described how the police were more actively fining people for urinating in public, declaring it a public order offence to justify £80 fixed penalties. Residents living in unstable accommodation, or in conditions of overcrowding, or who do not have a fixed home, are impacted by inadequate sanitation both in public spaces and domestically, less likely to be able to pay for privately run toilets, and bear the brunt of disciplinary processes (Speer 2016). In the absence of adequate public toilet provision, the dominant working assumption in UK political and public culture is that sanitation needs will be met in private shops, cafes, malls, or at home. Yet, an estimated one in five people in the UK are "not able to go out as often as [they] would like because of concerns about public toilets" (Royal Society for Public Health 2019:11).

Research on sanitation in British cities falls into three categories, cutting across Geography, Sociology, Planning, History, and Architecture and Design: the experience of particular social groups (Age UK 2022); the construction and/or design of existing toilets and associated infrastructure (Changing Places Consortium 2021; Nazerali et al. 2021); and the historical rise and decline of public toilets (Stanwell-Smith 2010; Williamson 2022). There has been substantive work in the design field detailing better solutions through guides and experiments (Dowd et al. 2022; Network Rail 2020). However, what constitutes "success" is often disconnected from the experience of residents and the governance challenges. Across this literature, two themes are particularly important for the case we will make about London: first, sanitation, cities, and the body; second, sanitation and work.

Sanitary Bodies?

When urban planning and policy has focused on bodies, it has historically tended to be the able-bodied male, and this is particularly pronounced in relation to public toilets (Greed 2016). Feminist researchers have documented the history of women's (in)access to toilets, including waiting more than 40 years after the first men's toilet in London for facilities for women and girls (Penner 2013). While the popular phrase "spend a penny" is still used in relation to toilets, Penner (2013) shows that in fact men's urinals were often free of charge and it was women who paid. Toilets have been historically gendered, classed, and connected to a cultural politics of bodily shame. In this sense, they have much in common with other infrastructures. As Lesutis and Kaika (2024) have argued, there is a large literature connecting infrastructure and bodies, especially forms of gendered, racial, and colonial violence. Sanitation infrastructure is caught up in this violence both in its lack of provision and in how it is explicitly removed from bodies deemed "unworthy" of provision (Truelove 2021).

As both feminist and disability scholars have shown, the "leakiness" of the female and disabled body has been ignored, devalued, excluded, and rendered

abnormal as an affront to masculinised corporeal sensibilities (Liddiard and Slater 2018; Ogden and Wakeman 2013). This is reflected too in the absence of space within facilities for breast-feeding or changing children (Around the Toilet 2016). Toilet access has also become politicised around wider transphobic processes. Jones and Slater (2020:834) contend that "whether naive, ignorant or explicitly transphobic—trans-exclusionary positions do little to improve toilet access for the majority, instead putting trans people, and others with visible markers of gender difference, at a greater risk of violence". There have been cases of security kicking people out of toilets, or people finding that gender-neutral facilities have been vandalised. *Around the Toilet*, an arts-based research project based at Sheffield Hallam University, has detailed the everyday struggle to find a disabled toilet, or finding one that has support rails or adequate space for wheelchair users. One wheelchair user describes how a trip to a zoo turned into a frantic hunt for a toilet that left her with "my dignity forsaken" and wanting to "sit and cry" (Around the Toilet 2016). Another talked about how she restricts what she drinks in a day. There are a range of invisible disabilities that are exacerbated by inadequate provisions, from incontinence and inflammatory bowel disease to "shy bladder" syndrome (Lowe 2018).

Our arguments add to this work, which shows that sanitation provision is characterised by an everyday and pervasive politics of "corporeal containment" in which bodies that don't operate by certain socially inherited norms and codes—those that are disabled, queer, trans, menstruating, pregnant, ill, and so on—find it more difficult to participate in urban life and city spaces equally, from public toilets to cafes, bars, shops, markets, workplaces, bus stations, and public spaces, including at different times of day and night (Pickering and Wiseman 2019; Wiseman 2019).

Sanitation Labour

Second, sanitation and work. The driving assumption of provision for sanitation services for workers in the city is that secure private provision will be provided through a formal workplace. However, this no longer (if it ever did) covers the actualities of working conditions, particularly given the growth in the night-time and gig economy. Workers ranging from bus or truck drivers, or staff employed in street-cleaning, construction, or security, to delivery and care workers who work across multiple locations and temporalities, often find there are few if any sanitation facilities available. Some of the most important research in this area in London has been conducted by public authorities, indicating a growing awareness that the neglect of sanitation provision must be reversed.

One report in London on bus driver accidents argued that the lack of sanitation facilities could lead to fatalities (London Assembly Transport Committee 2017). It found that drivers reduced their liquid intake, often spent the entirety of their breaks looking for toilet facilities, and that there were further challenges at night and particularly for women when menstruating. This echoes the larger literature on inadequate provisions for menstruation in high need places and times, including research on unhoused people who typically find it more difficult to pay for

toilet access, purchase menstrual provisions, or find well maintained public toilets (Greed 2016; Maroko et al. 2021). Cycle or motorcycle delivery workers, often employed through apps rather than physical workplaces, have no guarantees of toilet facilities as they travel across the city. In some cases, they may have access to a workplace "hub" once a day where facilities are present, but with few options at other times. According to the Mayor of London's (2023) office, there are approaching five million gig economy workers in the UK and a quarter are in London, and that number is growing (Kolioulis et al. 2021). Greater provision and clarity around the legal rights for workers to access sanitation and water facilities is increasingly important. While the UK's Health and Safety Executive (HSE) states that self-employed workers must be provided with facilities, that is often not the case in practice and people are often not aware of the requirement.[1]

Building on the research described above, we combine a focus on the governance and experience of public toilets, argue for the view of sanitation as "ungoverned", focus on the experiences of learning sanitation, and seek to connect all of these to urban densities, and in particular to changing densities over time and space in the city.

Ungoverning Sanitation: Data, Drivers, and Space

By "ungoverning", we are referring to the fundamental neglect of public toilets in British cities by the central and local state. This does not mean that the state is not doing anything. As we have said, the state has made an active choice to withdraw from public toilet provision through mechanisms such as the removal of funding, the absence of legal requirements, the failure to explicitly provide for social difference, and the tendency to discursively position certain groups as "anti-social" and underserving of public toilets as a basic right. Ungoverning, as a form of neglect, is the consequence of this broader set of processes, and the overarching logic of public sanitation in the UK today. This echoes Meehan et al.'s (2023) discussion of the dwelling paradox in that the withdrawal from public sanitation as both ideal and practical provision occurs at precisely the same time that the global discourse of the right to sanitation, particularly in the Sustainable Development Goals (SDGs), has grown. As we set out in the Conclusion, the necessary response to this position of ungoverning is not just better governance, but a revolution in sanitation prioritisation. We highlight three aspects of ungoverning in London: the absence of reliable data; the impact of austerity and other drivers (e.g. moral discourses); and geographical unevenness.

A Murky Picture

First, early in the research it became clear that one of the key challenges in sanitation provision and governance in London is data. Data on sanitation conditions both within boroughs and across the city as a whole are partial, highly uneven, and fragmented. To take just one example indicative of the larger problem, during one GLA meeting we attended, two government officials got into a disagreement about whether all of the identified 24-hour toilets in Soho were in fact

actually open for 24 hours. Anecdotal information, one said, indicated they were not, while the other insisted he had been assured they were. At the same meeting, some participants pointed to resources like the Great British Toilet Map—an online map of public toilets across Britain—as an important source of data on available facilities,[2] while others added that some of the toilets identified as functioning on the map have in fact long been closed. Still others pointed out that given it is an online resource, many of the people most in need of it are less likely to use a website over a paper-based map.

The disagreements and uncertainties at this meeting are indicative of a larger problem of inadequate data, and there is a growing recognition that the murky, uncertain picture of sanitation provision is a problem for policy in the city. Indeed, it recurred again and again in our interviews. For instance, in one meeting with an official in Islington, she explained that some of the data they have had come from one individual pensioner who decided to take it upon himself to inspect local toilets and make the data available. At the same time, the data that do exist in governmental and non-governmental organisations are disjointed. Some of the data are about provision but not maintenance; some note that toilets exist in a place but say nothing about whether the facility provides for disabled users. Information on opening times might be missing. A respondent at Transport for London (TfL), for instance, said that while they have data on the 100 stations that have toilets, there are few data on how busy those toilets are or how they are used, beyond anecdotal reports from staff, and so it is these anecdotes that often shape decision-making on resource spend.

Anecdotally, staff in councils and other public authorities are aware of changing densities and busier periods, which add pressure on limited public toilets, but actual data that can reliably demonstrate need are typically missing. The result is a general absence across the city of information for groups of different needs, whether it is people suffering from a disease, who work as delivery drivers or night-time workers, or for the more general populace that might from time to time need a toilet for themselves or their children. There is no central responsibility in London for how sanitation is mapped, data gathered, or how information on toilets and their restrictions might best be made available.

Drivers of Collapse

A second key driver of the ungoverning of sanitation in the city is austerity. The combination of central government cuts, the lack of legal obligation to provide public toilets, and fragmented state responsibilities has led to an unravelling of provision and responsibility. In the decade following the 2008 financial crisis, local authorities in England had their funding reduced by £16 billion, while grants from national government to local authorities in the UK were cut by nearly 40% in real terms (Raco and Brill 2022:18). When faced with difficult choices about how to meet local authority budget cuts, non-statutory provisions like public toilets often lost out. Local authorities largely stopped providing and even managing public toilets, and have struggled to know what to do with those that do exist. At the same time, officials were keenly aware that while services like public toilets were

being cut, the UK state spent almost £124 billion rescuing the financial sector between 2008 and 2011 (Raco and Brill 2022:42). It is hugely challenging, officials argued, to develop a strategic approach to public toilet provision with long-term sustained, inclusive spending when potential financial flows have dried up.

Instead of a strategic view, many officials we interviewed in local boroughs have found responsibility for public toilets being added to their work portfolio almost as an afterthought, without much if any attached budget or staff support. One official now responsible for toilets in one of the city's busiest central boroughs was quick to say at the start of the interview: "I definitely wouldn't call myself a toilet specialist!" Another official in a different borough remarked that "this is one of those funny things that doesn't … really fit anywhere … I ended up sort of managing the community toilet scheme". As a result, individuals have to learn their own sanitation geographies, piecing together an understanding of what is available when and where, and often struggling to work out back-up plans if those provisions are busy or closed for maintenance. This is less managing a public provision and more responding to problems that get reported, often anecdotally rather than through any organised system of monitoring.

Over time, however, there has been a growing concern with the impacts of inadequate public toilets. Sanjay, a waste management officer working in one of the London boroughs, argued that now that the impacts of the cuts to public toilets are better understood, there is a fight to re-establish lost budgets: "Now we're having that battle, I think, where people are saying 'We need a toilet but the money's gone!' Once the money's gone, it's very hard to get the money back." Sanjay wondered if the costs to the borough, reputationally, of not having public toilets were more significant than the cost of providing them, particularly in denser areas with high numbers of visitors and tourists. The lack of reliable data or strategic approach meant officials were left speculating even as they and their colleagues were increasingly aware that the question of public toilets requires greater investment.

As a result, boroughs have experimented—with mixed success—with a range of initiatives to stimulate private sector support. These take several forms, including semi-public toilets co-managed with shopping centres, private developers being encouraged to construct public toilets as part of new proposals, and councils developing "Community Toilet" (CT) schemes, whereby local businesses are encouraged to open their toilets to the public in an appeal to their "civic duty". There are 15 CT schemes in London. These can be paid schemes, whereby the borough pays local businesses up to £1,000 per year to let members of the public who are not consumers use their toilets, or run on a voluntary basis. While, in a context of hugely reduced public provision, CT schemes may be welcome, these alternative semi-public provisions are also often linked to forms of exclusion. There were informal reports that those deemed "undesirable" or potentially "troublesome", from homeless people to those who might be under the influence of alcohol or drugs, are often excluded by business owners and security.

Moreover, CT schemes are typically not developed in a strategic way. The Greater London Assembly supports CT schemes as a public toilet solution, but

there are no integrated principles or guidance for boroughs to follow. This means that each scheme is managed in a different way, making it challenging both for scheme administrators and for users. There are no decision-making criteria to help borough workers ascertain what types of toilets they should be focused on and where, save for basic regulations on size and gender mix in toilet design. One borough worker said she instead used "common sense", rather than a form of social needs analysis, in deciding where CT schemes should be located. There is also little monitoring of some CT schemes, to the point that even checking whether participating businesses are displaying information to inform the public that they are part of the scheme. More generally, public information on CT schemes is often difficult to find and infrequently updated, meaning people can make their way to what they think is a CT venue only to be told it is a service the business no longer provides.

A lack of data, austerity, the absence of statutory requirements, and a lack of strategic view are not, however, the only drivers of the ungoverning of public toilet provision in London. Across the borough staff we interviewed, a moral discourse of social order sometimes surfaced as a rationale for toilet closures. Again, the decision to withdraw support—to ungovern—is not an accident but an active choice (Meehan et al. 2023). This includes public toilets being described as places for buying and selling drugs, for homeless people and alcoholics to sleep or shelter, or vandalism and perceived antisocial behaviour taking place at or around toilets. In Newham, for example, one council respondent said public toilets were being used to buy and sell drugs, and that they "found out they could make a lot of savings [he estimated £96,000] by closing the public toilets". Others commented that the decision to close certain public toilets due to such moral rationalities emerged as a response to public concerns and complaints.

Uneven Geographies

The third element of the ungoverning of public sanitation in London is a symptom of the drivers described above, and relates to the highly entrenched uneven geography of provisioning that has emerged. It is important to note that some boroughs are making positive investments in expanding public toilet provision. In both Westminster and the City of London, for example, central locations with high income revenues from business rates and a high tourist footfall have driven decisions to invest in public toilets. Westminster is investing in the tourist- and visitor-heavy West End, where the city has some of its highest densities. While this has entailed a reduction in the overall number of toilets from 29 to 20, there is a planned investment of £6.3 million to upgrade those 20. As one official described it, "we've looked at the business case and the usage levels of individual toilets and taken a view on which toilets are most important". Most of these will be pay-per-use toilets, with the income covering the cost of provision and maintenance and paying for free access toilets in less tourist-dense central areas—in "quiet residential areas which have relatively few users"—and will be open to cover the busy evenings as well as day densities.

These facilities are supplemented by other toilet provisions managed on different contracts, including "pop up" and portable toilets for especially busy periods and weekends (often arriving on a Thursday and collected on a Monday, and located between drinking areas and bus or tube stations), catering for instance to "large crowds drinking through the night" and responding to a perennial problem of people urinating in streets late at night, although these provisions typically cater for men more than women. These temporary facilities are seen as cheaper and more feasible than additional permanent solutions, which—if the money was available—demand connections to sewage and water, and a process of gaining approval. The fact that they are mobile means they can be targeted to support particular daily density rhythms in the borough. For a borough like Westminster, he added, "councillors realise how reputational toilets are". In this context, high day-time and night-time densities drive sanitation provision as a "business case". Rather than develop schemes like CT, then, Westminster is pursuing state investment in public infrastructure through a cross-subsidy model that leverages large tourist densities to help raise funds.

Throughout the interviews, cases like this where public toilet spending was visible were typically linked to concerns about tourists needing decent toilet access. "If you were to shut the toilet which is the main toilet for a number one attraction in the world, it wouldn't really look good", reflected one borough official. We would not want to take a position that argues against these often much-needed investments, particularly when—as in the Westminster case—there is also an element of cross-subsidy to free-to-use public toilets. However, there is a social selectivity inherent to the tourist density driven model of public sanitation that echoes the larger neoliberal shift in public sanitation. This raises the important question of whose toilet needs are being prioritised and in what ways are they considered to be significant; certain people's toilet needs are considered "reputational", others less so.

As the Westminster case suggests, sanitation provision in a context of neoliberal ungoverning is approached by two logics: one which is very much the dominant logic, based on density economics and "reputational" concerns; and a secondary logic based on a welfarist concern where provisions are cross-subsidised and run at a loss. This approach of running as much as possible on a commercial basis while retaining commitments to welfare provision where possible is not unique to public toilets, of course, and reflects a wider ser of conditions in cities in contemporary Britain (Dorling 2023). However, the combination of this with the other ungoverning drivers we've noted—a lack of data, monitoring and statutory requirements, a near absence of a strategic view, and moral discourses—has left London and other cities with a sharply uneven set of provisions that cater for some people in some places sometimes, but which leave—as we will see—many residents without basic facilities for much of the time as they move through the public realm.

Learning the Sanitary City

How, then, do those who particularly depend on public toilets experience the collapse of provisions in the capital that emerges in this context of ungoverning?

What came through our interviews across a wide diversity of individuals was a sense of having to learn and relearn the geography of public toilets, including what was available when and where and under what kinds of conditions. Examining how people experience public toilet access across urban space diversifies and expands the range of issues and challenges connected to public sanitation, and informs how to respond to those conditions.

For the delivery drivers we spoke to, this learnt geography was shaped by several factors: whether they had previously lived in London, their previous job (one respondent for instance had worked for the police in London), the routes they frequently found themselves navigating, and the circumstances of the moment. The latter might include local topography, weather, traffic, accidents, or issues that can dictate accessing a private toilet such as which company they are picking up from or delivering to and which staff are working that day. This is not a predictable set of conditions. If traffic is particularly busy, for instance, some drivers said they would be less likely to make time to find a toilet.

Then, there is the work of trying to quickly look for facilities in areas where a driver might be less familiar. One respondent, a delivery driver for the supermarket Waitrose, described this form of learning in uncertain new terrain. He said that while he is able to use toilets in the stores, the stores are geographically spread out and delivery timings are tight: "This is where you're gonna throw your hands up in dismay", he said, adding that if "needs must" he would use "a drain nearby to the van" or even "lemonade bottles", and sometimes a petrol station—"It all depends on what time you've gotten whereabouts". Busy times such as lunch time might make accessing a toilet more difficult, if those that are present are queued out. This might mean "holding it in", as one cycle courier, Sebastian, said, or a quick search to find somewhere private:

> I'm lucky because I'm a guy, I have the option to. Well, it's still illegal to go find somewhere to urinate in a bush. And as a man, you can kind of get away with it. I personally am not comfortable with those kinds of things. I'm not even comfortable with going into cafes and bars and asking to use the toilet because I know I'm not a customer … I've kind of got a little more comfortable with going into a bar and just using the toilet.

Other respondents said they were more confident asking for toilets and less bothered when they were told no. Here, the issue for some respondents was less about learning urban space than it was one of learning to be confident in making claims. Farooq, for example, said he was prepared to argue the case if he was denied access when making deliveries, particularly during the pandemic when there was official documentation saying that businesses had to make facilities available:

> They'll be a bit disgruntled and they would say, you know, okay, "we'll let you this time". And I would say "okay, you'll let me every time", stuff like that, you know, the passive aggressive … I'm letting you know that I'm supposed to be able to go. You can't then after I've proven to you that I'm allowed to say, "okay, we'll allow you this time". Don't talk to me like that. So, I would stand up for myself in the right times.

Nonetheless, respondents often found that access to toilets was contingent on the place and staff. Sebastian explained that deliveries often happen through security staff who effectively stand as toilet gatekeepers: "Sometimes they [are] really like stone faced, or they're really friendly. But most of the time, they don't want you to use the bathroom." This tendency for access to public toilets to be granted not as a right but as a favour extends to a plethora of groups in the city, including homeless residents (e.g. on Brazil, see Neves-Silva et al. 2018; on homeless encampments in California, see Speer 2016).

One driver spoke about fast-food restaurants being particularly reluctant to allow delivery workers to use toilets. He spoke of a colleague with a urinary tract infection (UTI) who was rudely told she could not use a Five Guys restaurant and ended up in tears, treated like a "second class citizen". He went on: "Even if you went to the McDonald's, they will not let you use the toilet. KFC, Burger King, all those chain restaurants." Kristian argued that staff "do not care" and even demonstrated stark hostility and suspicion:

> On one occasion, a restaurant decided to call the police on me and make accusations that I had assaulted one of the staff, whereas it was clear on video that I hadn't. You know, I wasn't arrested or charged or anything with it. But it became incredibly hostile just for asking to use the toilet. Restaurant managers and restaurant staff do not care. They clearly have toilets, because every premise needs to have a toilet, but the contempt by which delivery couriers were treated was immense. Treated almost as if they were second-class citizens … You would see delivery couriers and restaurant staff always in bickers and arguments.

Again, there have been similar findings elsewhere. In Fresno, California, Speer (2016:1061) narrates a case where a McDonald's outlet refused to allow a disabled women to use the bathroom because she hadn't purchased anything—the woman in this case was actually arrested. Echoing a theme that came up in several interviews, one bicycle courier, Anik, connected toilet access to racial discrimination. He said that as a man of Indian descent he found staff in Bengali Indian restaurants were in fact more likely to deny toilet access to him than staff in other restaurants: "Is this kind of like this domination complex? In a way? 'You should be submissive to me'."

Relations of ethnicity and gender, combined with particular interactions with staff at delivery sites, and other contexts such as shifting urban densities, leave delivery drivers and couriers constantly anticipating and negotiating the city's highly circumscribed geography of public sanitation. The city's sanitation geography is at once material—the location and condition of toilets, the changing densities, flows, and contingencies of urban space—and social, shaped by power. As a result, the possibility of accessing toilets, even during the pandemic when delivery workers were given explicit documentation setting out access rights, are not universal in practice but conditionally made and contested across urban space. Learning here is not a linear process of aggregating information across urban areas, but of working through changing spatial circumstances and often difficult encounters freighted by social power with people and organisations.

For people with medical reasons to use toilets frequently, the lack of information about toilets also demands piecing together ongoing mental maps of sanitation in the city, but in different ways. The people we spoke to suffering from Crohn's or colitis described planning their day around toileting, and the array of anticipations and adjustments that they continually make. This includes not eating or drinking before travel, responding to the impact of new medications, evaluating whether today is a "good" or "bad" day for the body, going to parts of the city where they already know there is a decent range of toilet options—often in busier places, although if they then find it's *too* busy there might be long queues —googling in advance of going to less familiar places, and so on. Finding a toilet can generate stresses, and here momentary densities can exacerbate apprehensions. Frankie, for instance, spoke about worrying about spending too long in a toilet if there is a queue outside.

Julia described how she would avoid particular busy places at peak times, from planning her commute to work to socialising in the evenings. Reflecting on how she and friends with similar conditions navigate the city, she said that "most people will go into a restaurant and buy something to use their toilet ... or kind of queue up in the busy train stations". At the same time, she added, "there are definitely times where if you're kind of walking into a big shop or a restaurant and you're trying to use the toilets there, it's very, very crowded in tight spaces, which might be a little off putting". She was considering changing her work travel to avoid dense spaces where toilets might have queues, for example by shifting from the bus to the train. She added too that in some CT locations she had been told she had to buy something before using the toilet, which is not how CT schemes are supposed to operate. Access to toilets, in short, often costs more, which is easier for some than others.

As with the delivery drivers, these interviews with people with health conditions were highly geographical. People would talk through their experiences and identify particular spaces and times that they could rely on. For some with health conditions, there would be a particular bar that they knew they liked because even at busy times it had a lot of toilets, but there might also be areas of the neighbourhood or city centre they would avoid if they could. Public transport stations did not emerge well, and people would often work out which stops (e.g. on the Tube) would have decent toilets nearby, when those toilets were open, and whether they might have queues or not. But for all that respondents described learning and learning again a sanitation geography in a large, sometimes difficult to predict city, a few respondents felt that the dire state of public toilet provision meant they often simply stayed near their home. Alice reflected: "It has sort of got to the point where I am predominantly house bound. I kind of get sick of all the planning, and all the things that had to go right."

Conclusion: Towards a Sanitation Revolution?

Bringing governance and experience into the same research frame enables a view on the diverse and networked way in which sanitation is configured as a set of uneven geographies in the city. The governance of sanitation is haphazard,

fragmented, highly under-resourced, and lacking clear regulatory power and frameworks, while the experience of sanitation is too often one of frustration, exacerbating health conditions, and an arena where access is shaped by social and economic power rather than actual need. Public sanitation in British cities requires a new urgency and focus. We would identify two key steps here.

First, the impacts on health, equality, and well-being demand that public toilets receive the attention they deserve. This means national legislative changes that make the provision of public toilets a statutory requirement for local authorities. This will only work, however, if there is adequate budgetary support from the national state to local authorities to build (and in some cases re-open) toilets and maintain them so that people feel comfortable using them. In the UK, there is often a nostalgia for Victorian public toilets, remembered for their elaborate tiling and ceramics. Now is a moment for a similar regard for the mundane public toilet, but with a new approach to design that ensures facilities account for the range of people using them, including those with disabilities, children, carers, gig and night-time workers, and those with illnesses. Providing adequate toilets across the public realm will encourage more residents and workers to move around the city without the stresses and tensions we describe. It would also mean that deeply unreliable "solutions" like CT schemes are no longer needed, or at least not at the kind of scale that some London boroughs hope for them. We would support calls from the BTA and others for a new government Department of Sanitation.

Second, there must be a new research and policy focus on the urban geographies of public sanitation. Toilet provision and maintenance are often based on anecdotal knowledge. British cities need a rigorous evidence base from which to strategically guide long-term investment. An understanding of where the needs are demands several elements. The decision of need cannot simply be a market-based one, e.g. responding to the "reputational damage" of tourists and visitors becoming frustrated at the lack of or quality of public toilets. Instead, need has to be defined both by how residents and visitors actually use public places, and by what facilities are already present. Higher density, whether residential or through daily footfall, is a useful guide here—busier places typically require additional facilities—but it cannot be the only data source, given that places that are low density with insufficient public toilets also require provision.

What this means is that cities will have to embark on geographical research. Genuine consultation with communities is a necessary step to building the evidence base that guides strategic investment. One option here is for cities to form "sanitation forums" that include residents and other organisations (e.g. civil society groups and national campaigning organisations) tasked and resourced to collate data and knowledge on the state of existing public toilet provision, and to formulate solutions. Such sanitation forums might be developed according to four key principles (McFarlane 2023). First, *listening*, i.e. a genuine commitment to understanding different experiences and perceptions of sanitation, from different residents to municipal staff. Second, *long-termism*, i.e. a commitment to developing sustainable solutions that work through reliable financial arrangements and tested policy approaches. Third, *an understanding that sanitation is not singular*, i.e. that equality will mean multiple solutions tailored to different groups and

places. And fourth, an *openness to politics*, i.e. a recognition that sanitation can carry with it sensitive and passionate views, and to accepting disagreement in a generous way as well as working to consensus.

The forum is of course only one route through which a sanitation revolution might operate in British cities and likely not to be sufficient on its own. The New Municipalism movement also provides a suite of possible approaches which could be drawn upon. A politically diverse body of thinking, collaborations, and interventions, with examples in cities as different as Barcelona, Preston, Rojava, Jackson, and Cleveland, new municipalism promotes strong well resourced local and regional governments. New municipalism is one impetus through which an invigorated local state, working in partnership with civil society and other actors in the city. In the case of Preston, for example, the Labour-led council has experimented with new economic development strategies, community land trusts, local development finance institutions, community wealth building models, changing working practices, and supporting cooperatives, amongst others, reinvigorating urban democracy and striving to build a more inclusive city (Beveridge and Koch 2023).

Cases like Preston serve as illustrations of what might be done in cities (even in contexts of highly limited funding). A new and substantial policy, regulatory, and budgetary investment in sanitation, combined with a democratic commitment to data and knowledge-building, could transform public sanitation in British cities. The key beneficiaries would be some of the more marginalised groups we've discussed here in the case of London, but in practice everyone would benefit—most people at some point in their lives go through times when the lack of public toilets becomes a problem. Moreover, good quality sanitation across the public realm could include more walking, cycling, and use of public transport given the growing demands of climate change.

"Revolution" is, of course, a heavily freighted term, carrying with it a long history of debates on overthrowing capitalist systems. We are not, however, suggesting that to provide quality public toilets across the public realm on a principle of access to all, free of charge, there must be a systemic transformation in capitalism. Not only would such a position close down debate with state authorities, it is also not necessary—there have been massive advances in sanitation provision under capitalist relations in the past, including in the UK. The evidence points to the need for a radical and not just incremental shift, hence the term "revolution". The required shift is radical not both because of the *scale* of change required, given that we are starting from a very low point in public toilet provision, and because of the *range* of changes needed: legal, economic, policy and planning, and cultural values of toilets-for-all as a public ideal and good. It is not just about statutory provisions or reversing austerity, as much as those matter, but about changes across these and other related domains at one and the same time. While this is more than a shift from ungoverning to a new governance approach, the sanitation forum could be one mechanism for pursuing this change in direction.

As Meehan et al. (2023:8) argue in their work on unhoused people and access to water and sanitation, values, culture, and economic investment matter as much as legal provisions: "Public service delivery can be (though often is not) driven by a quest to realize human rights. Rights-based policy approaches often

will work if the values of the public organization are aligned with societal values." Given that sanitation is an inherently shared infrastructure, and that it is in the interests of everyone who inhabits the city—whether they recognise that shared interest or not—for public toilets to work well, a neoliberal vision of sanitation as individual rights, rather than collective right, cannot hold in the longer run. This positions the right to sanitation in the spirit of Henri Lefebvre's arguments for the right to the city (McFarlane 2023; Speer 2016): a revolution in sanitation not only for access, but for how the city plans, budgets, and provides for all those who live in it. Our call for a revolution in sanitation then is a purposeful effort to focus on how bad conditions have become and how significant the change required is. It is a principle and argument that cannot only be pursued in the pages of journals like *Antipode*, but across the policy, planning, and public realm.

Acknowledgements

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Endnotes

[1] The acts regulating for self-employed workers are the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999. We found that even delivery drivers were often not aware of what rights they might have in this area.
[2] Available at https://www.toiletmap.org.uk/ (last accessed 14 October 2024).

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