



RECREATIONAL AND LEISURE FACILITIES AVAILABLE IN EDINBURGH FOR PEOPLE WITH SEVERE AND COMPLEX MOBILITY IMPAIRMENTS.

**A report for ECAS compiled by The Strathclyde Centre for Disability Research
at the University of Glasgow.**

EXECUTIVE SUMMARY

Research was carried out by the Strathclyde Centre for Disability Research to explore the extent to which providers of recreational and leisure facilities in the Edinburgh area were catering for people with severe and complex mobility impairments. The study found that very few people with complex mobility impairments used leisure facilities. Among the reasons cited for this low participation were:

Lack of awareness among people with severe and complex mobility difficulties that particular facilities and services are available for them

Lack of appropriate transport facilities

Cost of private transport (accessible taxis)

Poor dissemination of information

Insufficient advertising

Lack of targeting this particular group

Difficulties in accessing disabled schoolchildren/school leavers who are in mainstream education to promote the services (data protection)

Unwillingness of parents to reinforce the disabled status of their children (preference for facilities which are not disability-specific)

Too 'parochial' an approach to inclusion by Community Centres

Inability to provide carers

Disability-related access difficulties (although the incidence of this was low)

Lack of funding (this was mentioned by most respondents)

The researchers used a questionnaire administered over the phone. The questionnaire aimed to provide a snapshot of the extent to which people with severe and complex mobility impairments participated in the recreational and leisure facilities currently available in the Edinburgh area. Topics covered included questions on: participation of disabled people in general, participation of people with severe and complex mobility impairments in particular, access (both external and internal), the provision of disability-related facilities and the availability of suitably adapted transport. In addition, the issue of the funding, scope and suitability of care packages available for people with severe and complex mobility impairments was also explored. The questionnaire was administered to appropriate organisations involved in the provision of recreational and leisure facilities (including community education). These organisations were randomly selected, chosen to be representative of the broad range of service available in the area. They were contacted by telephone and invited to respond to the questionnaire. The information provided by those organisations which participated was collated and analysed.

Findings:

Findings from the analyses indicate that, in the main, the respondents were genuinely interested in including disabled people in their service provision. However, when we probed respondents about the participation of service users with severe and complex mobility impairments, most respondents felt that, while they would welcome participants from this group of people, they were uncertain that their organisation could make adequate provision for their comfortable and safe attendance. The reasons the respondents gave for their uncertainty included a lack of ability to provide suitable care packages, the availability and cost of appropriate transport and concern that, if they encouraged Ecas' target group to participate in the activities offered by their organisation, they would be unable to cope with the numbers who may respond. A lack of understanding of the needs of this group was also displayed.

Funding is the primary issue underpinning many of these concerns. This included funding for care or personal support, appropriate transport and for the need to redesign facilities to include people with severe and complex needs. Many organisations were unclear where the financial liability for providing extensive care or

support packages lies. A lack of inter-agency working played a major part in this confusion. The issue of continuity of funding was highlighted when one respondent pointed out that an organisation which had specialised in care provision had folded for financial reasons.

Transport is also difficult to manage. Most people with severe and complex mobility impairments are obliged to use taxis in order to get around. While the taxi card system does offer some financial relief, it is, our findings show, too narrow in scope and insufficient in financial terms to allow people to participate in leisure or recreational activities that are seen by many as being 'non-essential'.

With regard to encouraging members of Ecas' target group to participate in recreational and leisure activities, one respondent felt that his organisation 'just could not cope' if members from this group became involved in the activities which his organisation provided.

Information, or rather the lack of it, was another area of concern. There is very little information on websites about disability access and where such information was available it tended to be too broad to be of much use to those with complex needs. While the leaflets issued by some organisations did contain a reference to disability, one respondent admitted that the provision of disability-friendly facilities provided by his organisations was only 'advertised' by word-of-mouth. There is clearly a 'lack of awareness' – both by potential service users and service providers.

Many people with complex needs are unaware of what is available in terms of recreational and leisure (owing to the poor provision of information), the research suggests that administrators of the organisations involved in these activities may be unaware of the ability of people with complex and severe mobility impairments to participate in them. It is unclear whether this is due to unfamiliarity with the capabilities of this group of people or to a preference to concentrate on participation by people with less severe and complex impairments. It may be guardedly concluded that, to some extent, both of these factors exert influence on the attitudes of service providers.

More positive findings from our analyses indicate that both Edinburgh Leisure and the City of Edinburgh Council are introducing strategies to include disabled people in their future programmes. It is to be hoped that people with severe and complex mobility impairments are being borne in mind by these organisations' policy-makers, and it is perhaps here that Ecas could have an effect in ensuring that this group is included. There is an enormous amount of goodwill among service providers in the fields of recreation and leisure concerning the involvement of people with a range of impairments. The extent to which this is translated into meaningful action, particularly with regard to people with severe and complex mobility impairments, remains to be seen.

Perhaps it is significant to note that, in response to our question about the obligations imposed on public bodies by Disability Equality Duty (DED) embodied in the Disability Discrimination Act 2005, a substantial number of respondents were unfamiliar with, or unaware of the proactive strictures outlined in this legislation. Conformity with the DED demands that public bodies must be proactive in their approach to the involvement of disabled people whatever the nature or complexity of their impairment/s. Goodwill, then, while being, arguably, a necessary component of the disability-related policies of public bodies will in future be deemed insufficient. Hopefully, the findings from this report will assist and foster the aim of Ecas to improve the quality of the lives of people with severe and complex mobility impairments in Edinburgh.