



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.

INTRODUCTION

According to the most recent (November 2006) Scottish Executive's Response to its Disability Working Group, the Executive accepted that baseline research should be conducted on disabled people's participation in the arts and sport. The Response document indicated that agreement had been reached that a 'Culture and Sport' module would be included in the 2007 Scottish Household Survey which

Will provide robust evidence of participation in the arts as well as sport, including participation by disabled people. The survey will help identify the barriers to participating in cultural activity, as well as level of participation.

The Response document also refers to the findings from SportsScotland's most recent Executive-funded research into participations rates (2002-04) which indicated that 39% of adults with a long term illness, health problem or disability that limits their daily activity, take part in sport compared with 67% who are not disabled.

The proposed inclusion of a 'Culture and Sport' module in the 2007 survey may be seen as a welcome development. But, if 'participation rates', as reflected in the SportsScotland research, are designed to place disabled people in the same category as people with a 'long term illness' or (a non-specified) 'health problem', then the

findings from the proposed 'Culture and Sport' module may be expected to fall short of the findings which could be produced from a more disability-specific survey.

This 'catch-all' categorisation tends to indicate that there remains a difficulty for the Executive in clearly defining 'disability' and, consequently, 'disabled people'. The Executive, it must be admitted, are not alone in having this difficulty as the differences between illness, disease, and disability and the further disengagement of 'impairment' from 'disability' are only slowly gaining ground institutionally.

In carrying out this project for ECAS, the definition of 'a disabled person' was an issue that we had to address at the outset in order that our research would be clearly focussed and specific to ECAS's requirements. Clarification of this issue may be demonstrated by outlining the definitions underpinning this research. These are as follows:

Impairment is a human characteristic which may be identified by long-term or permanent cognitive or physical under-development, functional limitation or absence. Impairment may be congenital or acquired through mental or physical illness, trauma or disfigurement.

Disability is a human condition experienced when awareness of physical barriers and socio-cultural prejudices confronts and undermines the psycho-emotional well-being of a person with an impairment.

For the specific purposes of this report our findings were focussed upon people who have severe and complex mobility impairments.

The report begins with an outline the strategy which we adopted to gather information for the project. The project's findings comprise the second part of our report. Following upon our concluding section, we offer a list of recommendations for ECAS based on our findings. A selection of contacts which we feel would be useful for ECAS is to be found at the end of the report.

METHODOLOGY

A structured interview was compiled so as to give us an overview of the sports and leisure and educational facilities and services which are presently available for disabled people in the Edinburgh area. We selected a number of organisations in the Edinburgh area that are involved in the provision of these services, telephoned them and, having located the appropriate respondent, went through the interview with them over the phone noting their responses. When requested we gave the respondents advanced sight of the questionnaire.

In some instances, the organisations which we contacted were disinclined to respond in detail to our questionnaire and preferred to talk to us briefly and informally. In others, the appropriate person to respond to our enquiries was temporarily absent. However, we feel that the organisations which provided the detailed responses to our questionnaire did provide us with a snapshot of the range of recreational, leisure, sports and educational services currently available for disabled people in Edinburgh. The findings from the analyses of the completed questionnaires form the basis of this report.

THE FINDINGS

Without exception, those organisations that could provide appropriate respondents were anxious to assist us in our project and welcomed ECAS's interest. We began by asking about provision for disabled people in general. Our findings indicate that most organisations welcomed disabled people's participation in their services. The participation rates, however, were, in most cases, low. When we narrowed our questions down to provision for people with severe and complex mobility impairments, participation of this group of people was even lower and, in many cases, non-existent. The majority of respondents indicated that they wished that more people from this group could participate in their organisation's services but were uncertain how this could be achieved. 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)

In summarising the responses to our questionnaire, it may be seen that, where facilities exist for people with severe and complex mobility impairments, the take-up by this group is extremely low. For instance, an organisation which has a swimming pool reported that the swimming pool has a hoist, two adapted changing rooms with fold-down beds and a disabled toilet. A small number of people recovering from a stroke or heart attack used this facility. This organisation also offers creative craft classes which are attended by two wheelchair users – one of whom has both a cognitive and physical impairment. The transport-related funds which are provided by the organisation are spent on accessible transport for its '60s and Over' group. When asked how many people with severe and complex mobility impairments visited this organisation, the answer was 'I would say few if any, really.'

A respondent from another organisation admitted that, of the premises managed by him, disability-related facilities were limited in two while the third was multi-level with no lifts or disabled toilets. He did wish that more disabled people, including those with severe and complex mobility impairments, would take part in the activities his centres offered but stressed that lack of accessible transport was a major factor in their non-attendance.

These issues formed the pattern for most responses. Disability-related facilities, ramped access, electric door-openers, lifts, disabled toilets and so on, were reported by the overwhelming majority of respondents as being available for disabled people in their organisations. However, when asked about disabled people's participation the response was usually: 'We could include more – and would wish to.'

It was pointed out that, if prior notice was given that a disabled person wished to explore the possibility of becoming involved in an organisation's activities, arrangements could be put in place to facilitate this.

When the question of including the availability of disability-related facilities in organisations' advertising leaflets, one respondent commented:

'We don't include or target disabled people in our advertising because it would be misleading people. We just couldn't handle disabled people. We don't have the staff and our access issues are very bad. I think we had a wheelchair user doing Music and Art but that person had to adapt to our building and just get on with it. Lack of funding is our major issue with regard to disabled people being here. It's chronic and serious.'

There is clearly a 'Lack of awareness' about the services on offer. This applies both to service users and providers. On the one hand, service users (in this instance people with severe and complex mobility impairments) are often unaware that there are services and/or facilities available to them – either pre-existing or available on application. On the other hand, service providers for people with non-specific impairments i.e. for disabled people in general, tend to overlook (or are unaware of) certain categories of impairment when considering their client groups. However, some providers may mistakenly consider that their services are unsuitable for people with a particular impairment, while others may be disinclined to involve people with a specific impairment or with complex impairments on various grounds e.g. Health and Safety issues, lack of amenities or suitably qualified staff.

We also found little or no evidence of consultation with disabled people and their organisations.

‘Poor dissemination of information’ contributes to ‘Lack of awareness’. For instance, if disability-related facilities or services are poorly disseminated, many disabled people remain ignorant of ‘what’s on offer’ for them. The absence of ‘disability’ links on organisations’ websites was an instance of this. Neither Edinburgh Leisure nor the City of Edinburgh Council has a ‘disability’ link on their website Home page. However, the respondent from Edinburgh Leisure assured us that a ‘comprehensive’ brochure was about to be placed on its website. This would indicate their disability-related facilities and services. The respondent from the Central Resource Centre at Edinburgh Libraries said that they prefer not to advertise their services directly ‘because we couldn’t handle many more [disabled visitors] than at present. We encourage people to go to their own local library. We could actually advertise more’. He did point out, however, that, unlike the Central Resource Centre, ‘In community libraries, staff are not geared up for disabled people’. The respondent from the Broomhouse Empowerment Project actually linked the issues together when he was asked whether or not people with severe and complex mobility impairments were aware of the project’s suitable facilities/arrangements. He responded ‘Definitely not. We think awareness is a real problem. Communicating information is a real problem’. Incidentally, this respondent pointed out later in our interview ‘We know about ECAS. But we have no literature from them’. Another respondent informed us that the facilities and services offered by his organisation were to be found on posters displayed in his premises’ windows.

While ECAS targets people with severe and complex mobility impairments, our findings suggest that this group of people are not targeted by other service providers. People with learning difficulties seemed to be more likely to be a targeted group.

The failures in these ‘marketing issues’, then, are not solely attributable to Edinburgh Leisure or the Council although heightening the inclusion of disabled people in the services provided by these umbrella organisations (by having a disability link on their web home page for example) would increase awareness and improve dissemination. It is arguable that conformity to the Disability Equality Duty would demand this.

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.

Funding, or rather the lack of it was another major issue. Where physical access was, according to our findings, good, most respondents claimed that lack of funding severely inhibited their service provision. Requirements lacking funding ranged from provision of adapted technology, for disability-related equipment, qualified staff and training of staff, and security staff (particularly for out-of-hours services e.g. evening and weekend facilities) to general running costs. Wester Hailes, for instance, reported that 'Our main problem is funding. We would like to include disabled people more, but it would cost megabucks to make the building suitable for them'. Often, service providers had to rely on private funding. Lothian Disability Sports, for instance, had organised a sporting event at Meadowbank in conjunction with the Daily Record.

As mentioned above, transport to and from the facilities was another major issue. Many people with severe and complex mobility impairments rely on taxis for transport. While the taxi card system does offer some financial relief, it is, our findings suggest, 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'. Some service providers have attempted to set up transport. Lothian Disability Sports for example told us that they can and do organise transport for, say, a 'team event' involving disabled people but cannot set up anything for individual users. The Broomhouse Empowerment Project's spokesperson referred to the 'Thistle Travel Card' which, he felt, too few disabled people knew about. Carriers of this card, he explained, show it to bus drivers and inform the drivers of their intended destination. The driver then has the responsibility of telling the card carrier when that destination is reached. However, the extent to which this system would suit people with severe and complex mobility impairments would best be ascertained by ECAS.

Balerno Community High School supports a '60s and over' group for whom they provide accessible transport 'funded by a grant from our local development committee'. Perhaps such an arrangement could be looked at for people with complex mobility impairments.

Support or care packages for disabled people was also an issue. This included both support at a practical level, for example helping people accessing books from a library shelf or providing help with a particular activity and personal care (for example helping a disabled person in toileting). Many organisations felt that practical support should be, where possible, a permanent provision in recreational and leisure centres, many felt it unreasonable to expect them to provide personal support. One solution may be that personal care should be provided either by prior arrangement, or at certain clearly advertised, fixed times. For example a library or community centre may provide personal care between the hours of x and y on such and such a day. Advice about how best to manage this sort of support was, in the past, provided by *Accessibility Lothian*. This organisation is now no longer funded, but many of our respondents commented favourably on the support and advice they received from it.

Whilst much that we present here is fairly depressing there is also though encouraging news to be taken from these findings. Our respondents make clear that there is a wide range of opportunities for ECAS's target group to engage in sport and recreational services in the Edinburgh area and that there is a willingness to provide these services. Edinburgh Leisure, an independent company with charitable status, is a core partner of the City of Edinburgh Council. Established in 1998, Edinburgh Leisure provides a wide range of leisure services both within the services they manage and in partnership with other organisations throughout the city. Edinburgh Leisure recently published details of its new strategy – 'First for Leisure' – which is intended to provide the framework for development until 2011/12 and aims to encourage 'a more physically active city' and to position Edinburgh Leisure as Edinburgh's 'first choice for leisure'.

The City of Edinburgh Council has also established an Edinburgh Sport and Physical Recreation Partnership to 'serve as a forum to co-ordinate efforts to develop sport and

physical recreation in the city and to promote the benefits of an active lifestyle to as many people as possible'. The Sport and Physical Recreation's newly announced strategy has set the following goals:

- To create an effective strategic partnership between the public, private, corporate and voluntary sectors
- To address the inequalities in regular participation in sport and physical recreation created by culture, ethnicity, age, gender, sexual orientation, disability and income
- To create effective pathways for young people which develop potential and establish life-long patterns of involvement
- To have a network of accessible, high quality facilities to meet the needs of the various communities of the city
- To raise the profile of sport and physical recreation in the city

Among the groups where access to and levels of participation in physical recreation and sport were lower than average, the partnership's steering group identified the needs of 'disabled people' as challenging and worthy of addressing. Included in the key issues arising from its goals was that of 'the cost and availability of transport to and from sports facilities, particularly relevant for older and disabled participants'.

CONCLUSION

The most significant issues emerging from our findings suggest that there is a dearth of information about the availability of recreational, sports and leisure facilities for disabled people and what information there is is not being widely enough disseminated, and, in particular, it is failing to reach people with severe and complex mobility impairments; Edinburgh Leisure, whose remit is to promote sports and community learning, could be more closely engaged with local organisations; there is a lack of transport to and from sports, recreational and leisure centres and this is a major barrier to the participation of people with severe and complex mobility impairments; the wish that more disabled people including those with severe and

complex mobility impairments should be encouraged to participate in sports and leisure facilities in the Edinburgh area.

It does seem clear that lack of information about the disability-related facilities and services available in the fields of leisure and recreation throughout the Edinburgh area constitutes a serious barrier facing people with severe and complex mobility impairments. Undoubtedly, this lack of information must also restrict the aim of ECAS to improve the quality of the lives of members of its target group.

Disabled people will also not be able to access leisure and recreation services without the provision of better support, both at a practical and at a personal level. Whilst many service providers felt able to offer practical support there is evidence to suggest that many disabled people are not take advantage of the facilities available to them because they cannot get access to personal support necessary. This mainly involves help with toileting.

Finally, there is clear evidence from our findings that the aim of ECAS to improve the quality of the lives of people with severe and complex mobility impairments in the Edinburgh Area by providing transport arrangements for them in order that they may participate in recreational, sports, leisure and educational facilities, is both apposite and timely. There is little evidence to suggest that any other organisation is engaged in this strategy.

RECOMMENDATIONS

In the light of the findings from this project, we feel that the following actions may assist ECAS in its aims and objectives:

Recommendations internal to ECAS include:

ECAS to become a partner organisation of Edinburgh Leisure

ECAS to publish and disseminate what it does and what it offers by direct mail shots and by Posters in libraries, GP Health Centres and Rehabilitation Centres in Edinburgh Hospitals

ECAS to apply to be included as a link in the websites of organisations involved in the fields of recreation and leisure, education and sport.

ECAS explore the opportunities it may derive from becoming involved in Edinburgh Leisure's 'Open All Hours' project and in its 'Active Futures' initiative

ECAS to assess the suitability of the Multi Sensory Play Area at Leith Waterworld for members of its target group.

Recommendations to external organisations include:

Greater provision of information on the availability of services on offer to disabled people.

Greater communication between service providers and organisations of and for disabled people.

There is a need for an affordable, responsive transport service for people with complex physical impairments.

Care and support packages that enable disabled people to access leisure and recreational facilities need to be developed.

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PARTICIPATING ORGANISATIONS

Jack Kane Sports Centre
Broomhouse Empowerment Project
Royal Botanic Garden
Edinburgh Libraries Central Resource Centre
Edinburgh Leisure
Craggs Sports Centre
Wester Hailes Education Centre (Recreation)
Wester Hailes Education Centre (Community Education)
Meadowbank Sports Centre
Edinburgh Council Community, Learning and Development (South West area)
Balerno Community High School
Lothian Disability Sports