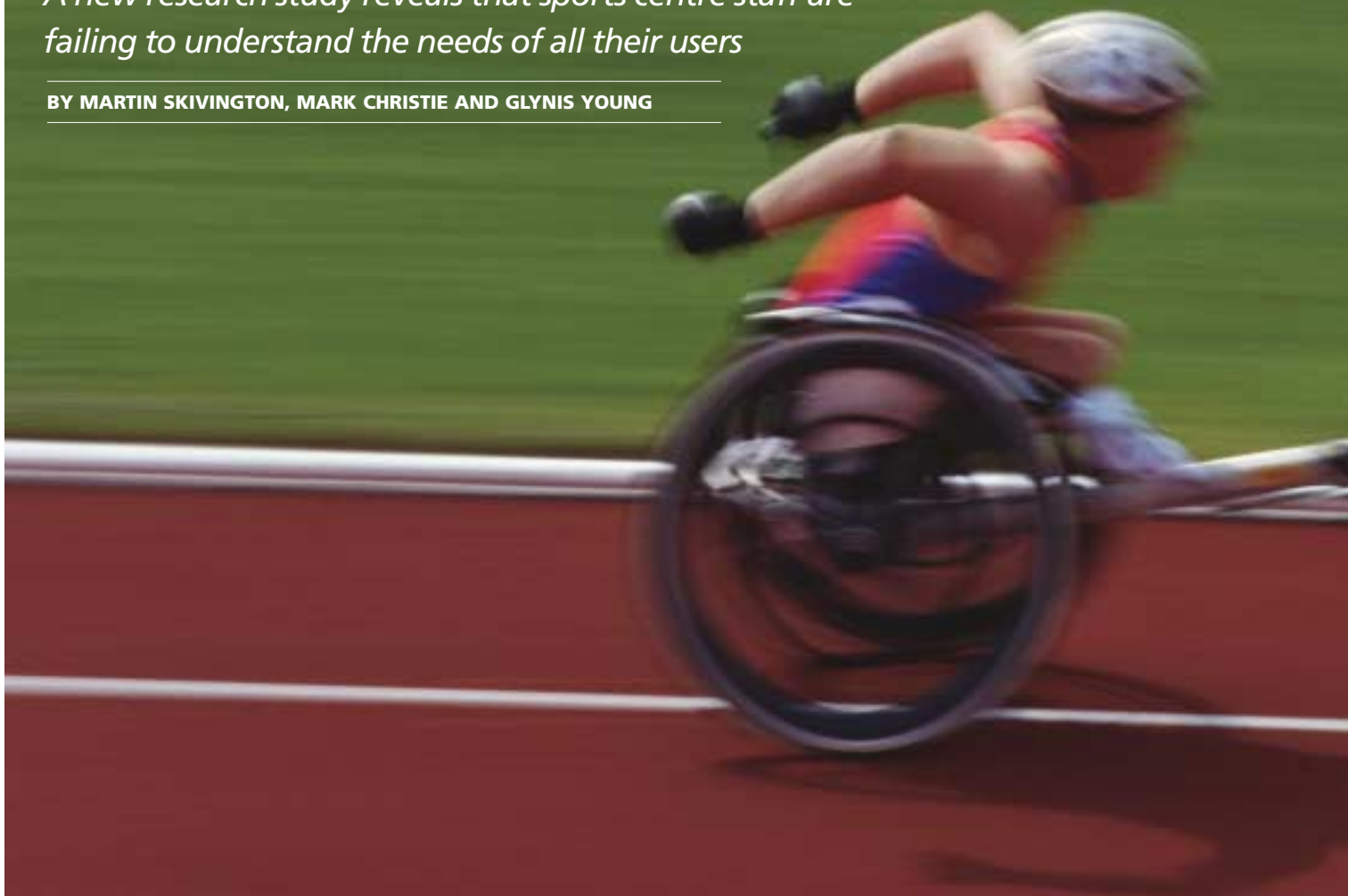


Disabled and disadvantaged?

A new research study reveals that sports centre staff are failing to understand the needs of all their users

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This research study by Southampton Institute during 2002 set out to determine how well prepared sports centre facility staff in both the public and private sectors are in terms of disability awareness.

A simple 14-point questionnaire was employed to survey staff from both local authority and commercial sector fitness establishments. The surveys were conducted during the autumn and winter of 2002.

The study found that a large majority of leisure centre and fitness facility staff surveyed are still unprepared to meet the needs of disabled people. The survey discovered that many staff were generally ignorant of the correct terminology to use when communicating with disabled people,

with words such as 'handicapped', 'wheelchair-bound', 'invalid' and 'deaf and dumb' still viewed as acceptable terms by significant numbers of those surveyed. The survey also found that most front-line staff have relatively low levels of personal confidence in responding to disabled customers' needs, and are generally unsure of how well their fitness centre is geared up to facilitating access and inclusive programming. This was compounded by a general lack of specific training, either internally or externally, having been made a priority for staff.

The study therefore concludes that to meet the needs of disabled customers, sports centre staff in all aspects of operations need direct and on-going training in disability issues. In addition, the

research highlighted that many staff perceived their facilities as failing to fully cater for disabled users, suggesting much work needs to be done to comply with the Disability Discrimination Act by its full implementation in 2004.

Rationale

The Disability Discrimination Act (1995) places a responsibility upon all service providers to make 'reasonable adjustments' to their services to ensure that the needs of disabled users of their services are met. In this respect, fitness facilities that do not adequately meet such requirements in terms of access and delivery of their services risk being prosecuted under the Act.

The aim of this research study was to determine



the readiness of the industry to meet the requirements of the DDA. By 2004, all necessary adjustments to services should have been made in order to accommodate the needs of disabled users.

The focus of the research was to look at this at two levels – the staff interaction with the disabled customer, and the staff perception of their facility in directly meeting the needs of disabled users.

Staff confidence in meeting the needs of disabled individuals

A clear difference existed between the responses given by management and all other staff working at the facilities in terms of confidence levels in meeting the needs of disabled customers, with

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one notable exception. More than three-quarters (77 per cent) of management level staff (including duty managers) claimed they were either ‘very confident’ or ‘quite confident’, as opposed to just

23 per cent who were either ‘not too confident’ or ‘not confident at all’. Interestingly confidence was highest among the majority of local authority facility managers, with commercial sector management staff less confident. This may be due to most local authority managers (95 per cent) claiming that they had received some training in disability issues/awareness, either in-house once (35 per cent), internally several times (24 per cent), externally once (27 per cent) or externally several times (8 per cent).

The majority of commercial sector managers cited having no specific disability training (78 per cent), which is a considerable mismatch with their public sector counterparts, and has real implications for the provision of services for disabled clients in this sector. It suggests managers in the private sector may fail to provide for the highly significant disability market, estimated at more than £40bn (*Sports Industry* 162:21), through ignorance of key issues relating to disabled clients (e.g. barriers to participation).

Front-line staff were found to have much less confidence compared to management in meeting disabled users’ needs. Yet perversely it is the front-line staff who are the ones who will most directly interface with the disabled user of the facilities. These staff members include lifeguards, reception staff, recreation assistants, gym and studio instructors, party organisers, crèche, cafeteria, sales and marketing, and, to a lesser extent, maintenance staff (e.g. general cleaning). The latter expressed little confidence overall, while importantly reception staff tended to be the most positive, with the vast majority being very confident (27 per cent) or quite confident (55 per cent). However there is still an identified training gap for these ‘front-line’ contact staff, with the majority of reception staff saying that they had received either no training or attended only one training course in relation to disability awareness. Those who said no training had been received were mostly from the private sector. Does this again suggest that the commercial sector is not



taking their responsibilities in relation to this important segment of the population seriously enough?

Recreation assistants tended to be the most positive after the reception staff, with 56 per cent claiming to be either very or quite confident, as opposed to 44 per cent not too confident. However, none of the recreation assistants surveyed cited being 'not at all confident', which was interesting, suggesting that perhaps they had some experience of working with disabled users at some stage in their careers (these employees came almost entirely from the local authority sector). However, 65 per cent stated that they had received no formal training in relation to disability awareness, and those who had were largely referring to in-house training on only one occasion (25 per cent).

Similarly, and encouragingly, gym instructors were largely positive in terms of confidence. Around two-thirds (63 per cent) reported that they were at least quite confident, although many disappointingly had said they received no formal training either internally or externally to merit their confidence (61 per cent). This begs the question as to whether they can effectively meet the training needs of disabled individuals with effective exercise programming.

Lifeguards from the local authority facilities were generally positive, perhaps reflecting regular contact with disabled groups using the facilities (often in segregated sessions). However, more than 65 per cent again cited having received no formal training to support their relatively high confidence levels.

One surprise, and perhaps to the detriment of attracting disabled members to facilities in either the local authority or private sector, was the finding that the majority of sales and marketing staff were 'not too confident' (73 per cent) in addressing the needs of disabled people. Administration staff had similarly high levels of low confidence (80 per cent either not too or not at all confident).

Communication issues: acceptable terminology

The survey found that the following numbers of staff felt that the following terms were acceptable to use with disabled individuals:

Terminology	Staff rating as an 'acceptable' term
Wheelchair-bound	55 per cent
Invalid	25 per cent
Handicapped	51 per cent
Deaf and dumb	31 per cent
'The blind'	48 per cent
Sufferer	19 per cent
Cripple	5 per cent
'The Disabled'	60 per cent

While some terms are more hurtful potentially than others – most notably 'cripple' and 'invalid' – reinforcing the perception of disabled people as helpless and dependent on other people (the



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'traditional' view of disability), it is clear that many staff are unaware of the fact that other terms could cause offence. 'Wheelchair-bound', for instance, suggests that people are permanently tied to their chair; rather, 'wheelchair user' is preferred as it suggests that disabled people use such vehicles as a means of getting around.

Terms such as 'the disabled' and 'the blind' tend to ignore the fact that disabled individuals are very different in terms of the functional limitations they may actually experience. Grouping people together as one homogeneous population is to ignore the very different ranges of disability that can exist under such umbrella terms as visual impairment, physical impairment, hearing impairment and learning disability populations. In addition, talking of 'the disabled' reinforces the traditional models of disability that suggest disabled individuals are 'different' to the rest of people in society and in some way incapable.

Deaf and dumb is an antiquated term. 'Dumb' suggests a learning disability that may not exist in the vast majority of individuals with any form of hearing difficulty. It is therefore disappointing that a third of fitness facility staff still think of this term as an acceptable phrase to use in conversation regarding disabled people.

The term 'disabled', it could be argued, is past its sell-by date, too. Rather, we should think of an individual's ability, whatever their functional

limitation. Many thousands of so-called 'non-disabled' or 'able-bodied' people have short sight, for example, which can be a form of limiting factor in their lives, yet no one uses the term 'disabled' to describe them.

The findings suggest that there is a distinct need for staff to receive training on their communication skills. While we should at all times promote the need for the use of everyday language when communicating with disabled individuals, we need also to be aware of what terms could be construed as either discriminatory or hurtful, and which might reinforce barriers to participation that are influencing whether disabled people engage in exercise and sporting activities or not. Clearly such individuals would be reinforced in their view of a prejudiced society that has a negative attitude towards them or has little inclination to treat them on an equitable footing. In turn, their self-esteem would continue to be lower compared to non-disabled individuals who face no such forms of discrimination, intended or not. However, it could be argued that to over-emphasise the importance of correct terminology is inappropriate when other more pressing issues (such as access/segregation) remain unresolved.

Research conducted by Sport England (2001) suggests that disabled people continue to face real and persistent barriers to participation in sports and fitness activities. Given the findings above

about the lack of staff confidence, training and knowledge of appropriate terminology, it is not surprising that Sport England found 21 per cent of disabled people as citing unpleasant or unhelpful staff when visiting sports facilities, providing a potential deterrence for future visits (*Leisure News*, 8/01; also www.sportengland.org). Sport England concluded that the low rate of participation by disabled people in terms of physical activity was not necessarily due to traditional problems relating to access, but could be largely solved by greater general awareness of opportunity, better marketing by facilities and improved staff training.

Facility compliance with the DDA: Staff perceptions

Staff were asked as to whether they felt that the facilities they were employed at were disability-friendly in terms of access/user compatibility issues. Some facilities had fairly positive or very positive responses, especially those within the local authority sector, although even here there were discrepancies in perceptions between staff at the same site. However, only 18 per cent of fitness studio/gyms were considered 'completely disabled friendly, as compared to 48 per cent of swimming pools, 40 per cent of reception/entrance areas and 37 per cent of bar/cafeteria



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facilities. Also, disappointingly, only 32 per cent of facility staff cited changing rooms as being completely accessible to all, with 18 per cent suggesting such important facility areas as these were not suitable at all for disabled users. Again the public sector facilities had the best ratings in terms of accessibility. This mirrors research by access4fitness (cited *Life Fitness*, 4/2002:14) which found that 96 per cent of staff at private gyms stated that 'they don't have fitness equipment for disabled people'.

Clearly there is much work to be done in order to ensure physical design of all facility areas meet DDA requirements at facilities (even relatively new ones). One local authority facility, built only two years ago, was cited by staff as having 'heavy entrance doors' and 'too high a reception desk'. The gym was also 'difficult to navigate' due to the amount of equipment that had been placed inside. Another facility reported that although the pool was accessible in many ways, it had a 'shocking disabled hoist'. Considering the DDA has been around since 1995, being phased in over three distinct periods, it is surprising that facilities are still being designed and built with insufficient regard to the needs of disabled users. There were no obvious differences in perceptions of accessibility between management and more front-line staff.

Facility membership of national organisations

Most staff within the private sector were aware that their facility was a member of the FIA (some also reported membership of ISRM). However, the majority of local authority staff were unaware or stated that their facilities were not members of either the FIA, ILAM or ISRM. Of those who did know about membership, most suggested it was the FIA or ISRM that was involved. It would appear that further promotion of disability awareness by the FIA, ILAM and ISRM to its membership could have some influence in raising the importance of compliance with the DDA. This is especially acute as the DDA should be implemented in its entirety by 2004 (including all 'reasonable adjustments' to physical aspects of the buildings). Failure to comply will leave facilities in both the public and private sectors open to possible litigation. It is unclear as to how punitive fines will be in non-compliance cases; only when cases are taken to court will a clear pattern emerge. There may be some variation in the level of fines dependent upon the severity of the non-compliance. However, is it worth the risk, with all the attendant negative publicity that would result? And, rather than take a negative view of making reasonable adjustments, centres should see the opportunity to become compliant with all aspects of the DDA as a means of reaching out to an hitherto untapped market.

Already the public sector, in 32 pilot centres around the UK via the Inclusive Fitness Initiative, is taking significant steps towards meeting the potential demand, and these may be the ones who, ironically, will become the market leaders in

terms of membership recruitment among the estimated 8.5 million disabled people (*Life Fitness* 2002:15) living in the UK.

Conclusion: much work to do

Despite the encouraging development of the IFI, the message from the research during the latter part of 2002 suggests that both the public and private sectors have a lot of work to do if they are to fully meet their responsibilities under the Act. A full audit of facility compliance within a locality would be a starting point, identifying areas that need prioritising in terms of ensuring access as well as additional services (such as hearing induction loop systems, signage, marketing and promotional literature offered in braille). Additionally, staff training must be a key priority. It is all very well for management to be relatively confident, but it is the experience of the disabled customer interfacing with the receptionist, or leisure attendant, or gym instructor that will determine a successful or disappointing outcome.

Already training packages exist with the IFI/YMCA for staff training, and the ISRM/Grass Roots have devised a cost-effective home assessment pack for staff to study and undertake a telephone assessment within a six-week period. The pack with its own personalised pin number (for the assessment) costs just £20 per person, and covers all disability awareness issues in relation to the DDA. Facilities that train more than 50 per cent of their staff become eligible for a facility certificate to demonstrate that they are 'disability aware'. Can your facility really afford not to be on board by 2004?

Reference

Life Fitness (4/2002): 'All Together Now' p 14-15
Sports Industry 7/02 no 162: 21-22
Health Club Management 7/02: 42-43
Life Fitness, Spring 2002, p14-15
Leisure News 2-8 August 2001: 1; see article entitled 'Staff and facilities among barriers to disabled sport' www.efds.co.uk/regular/initfit.htm
www.sportengland.org/press_releases/dps_survey.htm
www.sports-industry.co.uk

Further Information

For ISRM/Grass Roots Training: contact ISRM on 01509 226474.
 For information on the Inclusive Fitness Initiative from the EFDS, visit www.efds.co.uk/regular/initfit.htm
 For details of the Disability Discrimination Act, visit www.drc-gb.org/drc/Information

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