



# Access To Inclusive Play, Sport And Leisure Provision For Disabled Children And Young People From Black And Minority Ethnic Communities In Bradford

## Summary Report

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# Contents

<b>Introduction</b>	<b>3</b>
<b>Summary</b>	<b>4</b>
<b>Disabled young people's views</b>	<b>6</b>
<b>What did active facilitation suggest?</b>	<b>7</b>
<b>Anila's story</b>	<b>8</b>
<b>Kiran's story</b>	<b>9</b>
<b>Barriers to leisure access</b>	<b>10</b>
<b>Implications and strategies</b>	<b>11</b>
<b>Conclusion</b>	<b>12</b>
<b>Recommendations</b>	<b>13</b>
<b>Essentials for good practice</b>	<b>15</b>
<b>Appendix</b>	<b>17</b>
Inclusion model for Locality Teams	

# Introduction

*“The vision behind Aiming High for Disabled Children is for all families with disabled children to have the support they need to live ordinary family lives, as a matter of course.”*

**(AHDC 2007)**

The Aiming High for Disabled Children (AHDC) programme launched in May 2007, states that its aim is:

*‘to improve service provision across the board for disabled children and their families, enhancing equality and opportunity for them’. The vision for improving services was set out as a core offer under the AHDC, which covers five sets of standards for services for disabled children’.*

Leisure is a key area in paving the way towards full community inclusion and participation. It becomes more significant for disabled young people when barriers to full participation in education and employment result in them having more time for leisure pursuits whilst simultaneously experiencing greater difficulty in accessing leisure services, activities, and pastimes. This research project was funded by Children’s Services of City of Bradford Metropolitan District Council (BMDC) under the Aiming High for Disabled Children Agenda. This was an action research proposal to improve access to play, sport and leisure provision for disabled children and young people from Black and Minority Ethnic communities in Bradford. The study adopted a participatory model, involving disabled young people as researchers and facilitators. A principle objective of this research was to support the development of good practice models.



# Summary

Participation in play, sport and leisure is important in ensuring the positive development of personal and social skills and in promoting emotional wellbeing of disabled young people. The aim of this action research project was to enable access to play, sport and leisure activities for disabled children and young people from BME communities. This project was conducted over a period of 16 months and involved five stages:

1. Recruitment of a group of disabled young people to work with the research team. We recruited a group of disabled children and young people (LIFE group - Life Is For Enjoyment) from BME communities from Bradford West and Keighley localities. We provided four research training sessions and organised a number of meetings with the LIFE group during the various stages of the project. The rationale for the LIFE group was to involve disabled young people in all stages of this research project.
2. Focus groups in schools with young disabled people
3. Focus groups with family carers
4. Focus groups with service providers, and
5. Enabling access to leisure for young disabled people through active facilitation with staff support and active engagement with services.

We held focus groups with disabled young people in schools in Bradford West and Keighley. We involved the LIFE group in facilitating the focus groups. The aim of these focus groups was to explore the young people's leisure interests and wishes. This consisted of a range of activities such as swimming, football, cricket, cinema, visiting theme parks, youth clubs, bowling, shopping, going to the park, eating out and computer games. These focus groups also explored barriers in accessing the leisure activities identified. The key issues were parental concern about the safety and vulnerability of young people, lack of transport, lack of individualised support, lack of physical adaptations to the buildings/facilities, and communication and language barriers of parents.



We recruited 34 disabled young people to take part in an informal trial of enabling access through active facilitation over a period of four months. The rationale for active facilitation was based on previous research with disabled young people from South Asian communities, showing that a key worker/ liaison worker model is more effective in enabling access to services (Emerson et al. 2002, Raghavan et al. 2009). This consisted of two groups of disabled young people based on an assessment of their leisure interest and individual support requirements.

Group A, consisted of young people who had existing access to leisure activities and moderate support requirements. We researched and provided information sheets about leisure provisions in their locality to the young people and their families for them to access these services.

Group B consisted of young people with limited experience of access to inclusive leisure activities and more complex support requirements. We actively facilitated leisure activities based on the interests and wishes of these disabled young people by providing individualised support. We worked with staff based in the Localities including youth services and inclusion workers in facilitating these activities. We conducted an assessment of the leisure interests and their participation in these activities on two occasions, first at the start of the trial and secondly at the end of the trial.

This showed that disabled young people from Group B accessed more leisure activities than young people from Group A. This indicated that disabled young people with additional individualised staff support found it easier to access the leisure and play activities of their interest.



After this we organised meetings with parent carers and service providers separately to discuss the findings from the project. At the meeting with parent carers, we discussed the key barriers in accessing leisure and identified the possible solutions in improving access to leisure activities and services by disabled young people and their families from BME communities. At the meeting with service providers, we discussed and formulated good practice guidelines that will help to improve access to leisure by disabled young people and their families from BME communities.

# Disabled young people's views



A disabled young person (LIFE Group member) said,

*“ I enjoy being away from parents and to get to go places and do things with friends... this is good. I have problems in attending some activities... due to disabled access to the venues such as football matches. I can't use public transport because of my physical disability. My parents have an adapted car which I travel in mostly. I attend a boys' group on Fridays and go bowling and go to the cinema. I also attend the LIFE group meeting”.*

## Other responses

*“I want to be able to go places like bowling and cinemas with my friends (not always with my family) when I want to”.*

*“I want to be able to watch football matches live at stadiums”.*

*“We want independence and freedom just like other young people”.*

*“I want to do cooking myself”.*

*“I want to go swimming with my friends”.*

## Perception of barriers

We can't because ...

*“We do not get the help and support we need”.*

*“No one takes us.. We have to rely on family”.*

*“Parents don't have the time, working or looking after other children in the family”.*

*“Transport is not available”.*

Disabled children and young people have all the same aspirations like all other children and young people, and they want to have friends, enjoy their favourite activities, have a break from their parents and visit new and interesting places. This is also very much true for disabled children and young people from Black and Minority Ethnic communities in Bradford. Disabled young people in this project indicated that they are interested in a wide range of leisure activities such as swimming and sport, arts and crafts, going to parks and playgrounds, cinemas, bowling alleys, museums and just hanging out with friends or going to a local club.

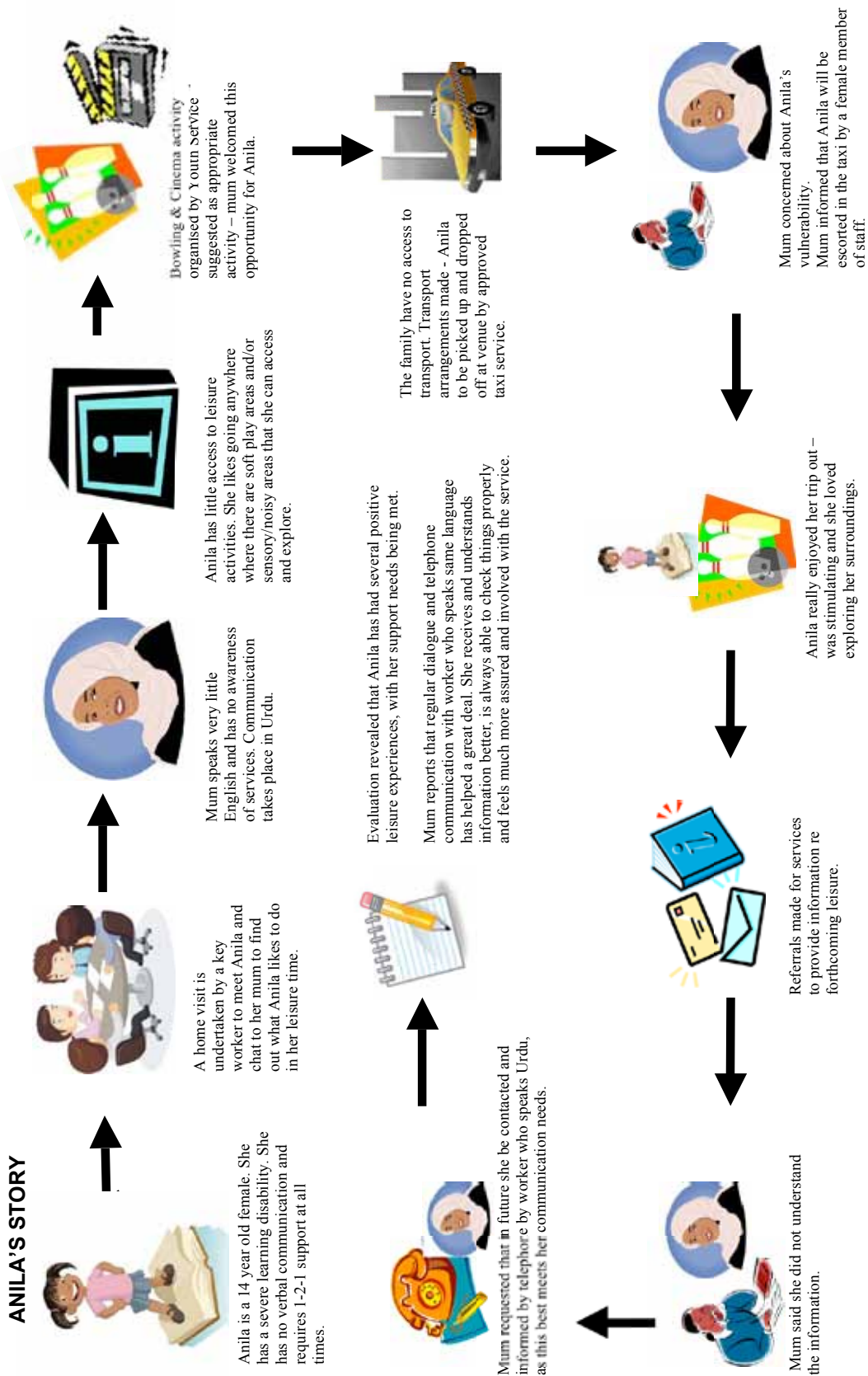
# What did active facilitation suggest?

In the case of disabled young people and their families (Group A) who were only provided with information about leisure activities/ services in their locality, their access to leisure activities remained the same during the trial period of 4 months. For example, young people who were involved in leisure activities before the trial period continued to access these activities. But there was very little improvement in accessing new activities of their choice and interest. There was little or no change in the access of young people who were not involved in any leisure pursuits at the start of the trial. This shows that information alone may not be sufficient to enable access to leisure services for disabled young people from minority ethnic communities. A number of other factors may have also contributed to the lack of adequate access to leisure activities for this group of young people. This includes: (1) the language requirements of parents in order to make the best use of the information provided, (2) lack of confidence in leisure services and the support provided by staff, (3) work schedules and family responsibilities of parents which may affect their ability to act upon the information provided, (4) lack of own transport or access to transport services, and (5) financial difficulties.

Disabled young people with more complex support requirements (young people in Group B) were provided with active facilitation by the programme worker of their leisure interests and wishes for a period of 4 months. This model involved working with the young people, their family and services to enable them to access their preferred leisure activities and interests. This consisted of:

- Linking the disabled young people and their families with the activities of the youth service such as youth clubs and befriending schemes
- Actively supporting disabled young people by taking them to leisure centres and clubs
- Liaising with Inclusion and play support workers in making a referral and actively pursuing this on behalf of the parents
- Liaising with the families and the service providers
- Working with the family to help with applications for direct payment or personal assistance
- Providing information for the family in their own language about the leisure options and services in the locality and ways of accessing them

# Anila's story





# Kiran's story

## KIRAN'S STORY



Kiran is a 19 year old female. She has a learning disability. Kiran comes from a large family and is one of 5 children.



Home visit undertaken to meet Kiran and chat to her mum to find out what Kiran likes to do for leisure.



Mum understands English but does not speak English very well. She works nights in a care home to support her family and has no awareness of leisure services that Kiran can access.



Kiran is supported by the service to participate in several leisure activities such as bowling, cinema etc.



Evaluation revealed that direct payments have made a tremendous difference to Kiran's life. The PA is female and South Asian and she has her own transport to take Kiran out which is very important. Mum is very happy and assured by this service, as it meets all of Kiran's support needs, is flexible, gives Kiran more control and choice, and is culturally and gender appropriate for her child which is very important for her.



With the direct payments Kiran and her family have been able to employ a personal assistant (PA) for 7 hours a week. Kiran is able to choose what she would like to do and when. She now regularly goes out shopping etc. The PA has her own transport so transport is no longer a problem.



The family have no access to transport. Transport arrangements made for Kiran to be picked up and dropped off at venue by approved taxi services.



Through Kiran's Community Nurse at school an application for Direct Payments was made. Kiran was approved to receive direct payments for 7 hours a week to help meet her leisure needs.



Telephone contact from mum to say that Kiran is really enjoying the activities provided and this has been very positive for her. However, Kiran would like to do more activities - but this can't be accessed through current provision.

# Barriers to leisure access

These stories of disabled young people's access to leisure services and their positive experiences suggest that an active facilitative model will be more helpful in enabling disabled young people from minority ethnic communities to access leisure opportunities. This certainly is the case in the Bradford context, with a large number of disabled young people and their families from Pakistani and Bangladeshi communities. Certainly the parents of disabled young people have been able to get more information about leisure services, and the necessary signposting of the various services including transport for access to leisure provisions. A key factor in this active facilitation model is the help and support provided by support workers from the South Asian community, who are able to speak their language. There may also be other cultural factors that may have helped in this process to build their confidence in the use of services.



The findings of this research indicate that the leisure aspirations of disabled young people from minority ethnic communities are the same as any other young person. They want to access and enjoy leisure activities; however, there are a number of barriers that prevents them from fulfilling these aspirations. These consist of:

1. The need for individualised support in accessing the leisure activities for some disabled young people.
2. Language – some of the parents are not able to converse using English as a first language and as a consequence written material and access into services including support services is affected.
3. Family not being able to support / facilitate the activities and interests due to work and family commitments.
4. Lack of transport facilities in accessing leisure activities.
5. Complex health conditions which would require intensive support based on a specialist assessment and co-ordination of a health care plan, (e.g. management of epileptic seizures).
6. Religious and cultural issues such as the timing of the activities clashing with their religious classes in the mosque.

# Implications and strategies

Participation in leisure pursuits is crucial for building confidence, self-esteem and the general acquisition of skills that promote interaction and participation in the community. The integrated strategy for disabled children in Bradford (2010 to 2013) suggests *the need for services to improve on their good practice and to ensure that services for disabled children are based on the evidence of effectiveness – using practice that has been shown to make positive difference to the lives of disabled children and young people (p.8)*. This strategy provides examples of good practice in service provision, which should include, demonstrating flexibility and responsiveness to families' individual needs; and working in partnership with the families, valuing their knowledge and expertise. The findings of this research project will further help to achieve this strategy by working with the disabled children and young people and their families from minority ethnic communities in Bradford.

Minority ethnic communities should have greater involvement in policy and practice development as well as in the development, management and provision of services. In making this a reality there should be appropriate and meaningful consultation for service planning with the BME communities. The Inclusion model for locality teams (Children's Services, BMDC) indicate that the barriers to the integration of children and young people are often both attitudinal and institutional; therefore, services should strive to develop an inclusive culture and environments that challenge stereotypes, value diversity, celebrating a wide range of ability and achievement. The Inclusion model suggest that to achieve this aim all children and young people should have the opportunities and experiences that enable them to fully participate and reach their potential. Evidence from the research has identified



the positive outcomes which can be achieved through the active engagement of disabled young people from minority ethnic communities and their parent/carers in consultation and co-ordination of services which meet their needs.

Disabled Children in Bradford: Needs Analysis (2010) provides an outcomes framework for disabled children. The guiding principle in this framework is that disabled children, young people and their families aspire to the same outcomes as non-disabled children. This message is taken forward in the Bradford Integrated Strategy for Disabled Children and Young People (2010-2013). The aim of this integrated strategy is *'to create the conditions where disabled children receive the same support that will enable them and their families to lead ordinary lives'*.

# Conclusion

In this project the disabled young people, their parent carers and service providers have come together and identified the necessary steps to improve access to leisure by disabled young people and their families from Black and Minority Ethnic communities in two localities in Bradford. In order to improve access and full participation of disabled young people from BME communities, it is vital that social services, health and voluntary agencies work together in addressing their needs and wishes. The Integrated Strategy for Disabled Children and Young People in Bradford should reflect the needs of disabled children and young people from BME communities and their families. The challenge for commissioners of services and service providers is in developing an appropriate strategy that can identify the local needs based on the culturally diverse nature of its population and their involvement at all stages of service planning and implementation. Services will then need the additional skills and training to work with disabled young people and their families from minority ethnic communities.

There needs to be appropriate structures to monitor the process by which the policy initiatives are translated to realistic service structures that are user friendly, easily accessible and able to match up to the real wishes, aspirations and needs of ALL disabled young people and their families. This can only materialise by seeing disabled young people as citizens who are able to make a contribution to the whole community, thus promoting social inclusion and social capital.



# Recommendations

There are a number of recommendations that we put forward for service commissioners and service providers. This will require positive action from user groups, voluntary services, family carers, commissioners and service providers to work in solidarity with all the people in their localities respecting and celebrating the diverse cultural and religious beliefs.

1. Services need to engage and involve disabled young people from BME communities and their families in service planning and service delivery. Involvement of disabled young people in the planning of leisure services should be explored by service commissioners and service providers.
2. There should be a broader range of leisure services and activities for disabled young people. The inclusion model is a useful mechanism for facilitating this and there should be easy to read information available about leisure services.
3. Service providers should involve parent carers from BME communities in service planning and delivery. There should be good communication channels between parent carers and service providers. Parent carers should have the opportunity to have face to face meetings with the service providers so that they can directly engage with them about their concerns. This will help them to build confidence in the service and to feel reassured that the disabled young person is adequately supported and supervised.
4. There is a need for a clear integrated assessment of need that informs planning and resources.
5. Vulnerability and safety of young disabled people is a concern for all. Service staff should be aware of and take account of Safeguarding Children policies and practices.
6. Securing dedicated support for disabled young people to access and participate in leisure activities will be critical for some young people. Information about routes to access funding for this support should be made available for parents and professionals.
7. There is a need for support workers from South Asian communities to work with the disabled young people and their families. Family carers reported benefits and positive experiences of a link worker or a key worker from their own ethnic community who are able to speak their language in accessing leisure provisions.
8. Information needs to be provided in simple easy to understand language. Information should be advertised in a variety of ways – using the internet, libraries, schools and doctor surgeries. Information about services should be advertised through local Asian Radio stations such as Sunrise Radio and through places of religious worship such as temples, mosques, gurudwaras and churches to reach out to more people from BME communities.



9. Disabled young people from BME communities with severe and complex impairments should have the opportunity to participate in mainstream leisure activities and services to promote inclusion. These young people are likely to require active facilitation of leisure activities through individualised, staff support arrangements.
10. Mainstream leisure services should adopt inclusive practices to encourage their use by disabled young people and their families from BME communities. There is a need for more staff training about anti-discriminatory practices and cultural awareness.
11. Cultural diversity and cultural competency training should be provided to all service commissioners, service providers and support workers to enhance their understanding of religious and cultural needs of South Asian families. Staff training should aim to increase awareness about differences within the ethnic and cultural groups.
12. Services currently have good examples of Equality Audit in place. The use of Equality Audits should be explored further across all services.



# Essentials for good practice



- Families of disabled young people from BME communities are provided with accessible information which allows them to make informed choices about leisure.
- Telephone communication with a bi-lingual worker has been found to be the best method of contact and communication for families.
- Disabled young people and parents should be made aware of where they can go to access information and find out about what is going on and where, about the full range of services. This will help to build their confidence about contacting, Family Information Services.
- Leisure information should be forwarded to all special schools in the district, who can then circulate it to families. At school review days check back with families that they are receiving and understanding the information and are aware of leisure opportunities available to their child.
- Disabled young people to be able to access social networking sites, a texting/telephone service which will tell them what activities are going on locally and what they can access.
- Families need to understand that mainstream leisure provision is accessible to them just like any other family. If their child has additional support needs, the service providers will do their best to meet these wherever possible.
- Families need to understand that working together is what makes services a success. Everyone has a role to play, everyone has to take responsibility. For example, we know that transport is a huge issue for families in accessing play and leisure opportunities. However, wherever possible, families should be encouraged to use own transport unless it is the only barrier preventing access in which case support may be provided.
- Service providers need to take a 'Triple P' approach - Plan and Prepare for Participation/ Play for disabled young people.
- A pool of casual workers is available to meet the support needs of disabled young people with more complex needs as and when required.
- Service providers should ensure all staff members embrace the Locality Inclusion model which supports any young person to access services regardless of their impairment. Their fears, anxieties and worries need to be addressed and overcome.



- Mainstream service providers are to provide disability awareness training to non-disabled members of their clubs. This will allow them to embrace disability more positively and they will be more understanding and supportive of disabled young people.
- The CAF is a valuable assessment tool in the provision of leisure for disabled young people. By having a Team Around the Child, partnership working is much more effective. A CAF provides a more holistic understanding of a child's needs, facilitates early intervention, helps embed a shared language and speeds up service delivery.



# Appendix

## Inclusion Model for Locality Teams (BMDC)

Localities brings together staff that work across the 0-19 years spectrum and recognises that meeting the needs of children and young people while talking, listening and responding to parents requires a flexible approach to service delivery.

We recognise that the barriers to the integration of children and young people are often both attitudinal and institutional; therefore we strive to develop an inclusive culture and environments that challenge stereotypes, value diversity, celebrating a wide range of ability and achievement. To achieve this the access of children and young people to Children and Family centres, Youth Provision/ Positive Activities, Play and Extended Services is essential if all children and young people are to have the opportunities and experiences that enable them to fully participate and reach their potential.

In recognition that referral can be a complex process for children, young people, parents and agencies, these guidelines are intended to support practice and pathways to the inclusion of disabled children and young people into Localities – Universal provision.

Access to Localities – Universal provision can be achieved through a number of different routes:

- Professional enquiry – social care, schools, health professional, etc.
- Parent or carer enquiry
- Child or young person enquiry



In order to ensure the most efficient, effective and sustainable process for inclusion it is essential that once an enquiry has been made the parent, carer, professional, child or young person does not feel that they are having a revolving door experience, constantly passed from pillar to post.

Therefore, in the area / district teams there needs to be a consistent process for dealing with enquiries and supporting children and young people to access provision. A single point of contact for enquiries to the team is essential; this could be at the area admin team level. The designated member of staff will be responsible for gathering any information from Family Information Services or other inclusion enquiries and feeding them through to the team's inclusion meetings. Team inclusion meetings are comprised of key practitioners. At these meetings the most appropriate member of staff, e.g. Play, Youth, Extended Service etc. will be identified and responsible for liaising with parents and carers to ensure that we have all the information necessary to begin the inclusion process.

Identification of the children or young person's needs is the obvious essential next step. To establish this, a Localities inclusion assessment form should be completed.

In the past a number of models for inclusion have been successfully used to integrate young people with disabilities into a wide variety of provision. The models and methods used form a continuum of approaches which are all equally valid in response to the individual needs of the child or young person. There is not a single 'right' pathway.

Once a child or young person's needs have been established it is then necessary to look at how his or her individual needs can be catered to. In some instances this may mean exploring if the resources are available to lever in an extra member of staff to give a little extra capacity to the team. Where there are personal care needs it will be necessary to try to identify resources to pay for this. Where resources cannot be found every attempt should be made to find alternative solutions and ways of meeting the child or young person's needs with parents or carers. This may include the involvement of family members or volunteers.

The process of integration cannot be prescribed, just as the needs of the child or young person are individual to them. So the integration transition period includes some children and young people requiring significant support and others very little support. It is important that workers exercise professional judgement in relation to a reasonable transition period. Discussion and support relating to the progress of individuals should be reviewed at the area inclusion meeting.

- A single point of contact has been identified within each area for communicating this information to staff
- Key practitioners have been identified in each area who will enable inclusion
- Inclusion meetings are scheduled on a regular basis within each area
- These meetings provide:
  - a support mechanism for staff,
  - a review of the integration progress of allocated children and young people,
  - arena for problem solving and developing solutions.
  - opportunity to identify any practice develop areas relating to the relevant delivery areas

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