

Health and Adults Scrutiny Sub-Committee Report

Empowering Disabled Residents: Accessible Sports and Fitness Initiatives

04/06/24



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Chairs Foreword

I am pleased to present this scrutiny report, which examines people with disabilities and those living long-term ill health conditions being able to access sports and fitness initiatives across Tower Hamlets.

The impact of pandemic had posed a significant challenge on the borough. This was more acutely felt by the sports and leisure sector as the government placed restrictions on social mixing that impacted the level access to leisure centres, sports facilities and parks. It may have also impacted our underserved communities including vulnerable groups such as people with disabilities and those living with long-term ill health conditions.

Research findings from national organisations and groups such as Sport England¹, UK Active² and Activity Alliance³ suggest and agree that people with disabilities and or those living with long-term ill health conditions are much less likely to take part in sports and exercise than able people. Department for Work and Pensions (DWP) Family Resource Survey, (2022-23)⁴ identified that there are 16.1 million disabled people in the UK and that the prevalence of disability rises with age for example in the United Kingdom, 11 percent of children are disabled compared with 23 percent of working age adults and 45 percent of people over state pension age. We also learn that almost one in five people in England have a long-standing limited disability or illness. Research also indicates that disability is a complex sector with enormous variations in peoples' needs and preferences. It is recognised that a 'one size fits all' approach is unlikely to work if the goal or ambition is to be more inclusive and enable more people with disabilities and or those living with long-term ill health conditions to lead a more active lifestyle.

It is for this reason, I have commissioned this scrutiny report to examine and understand barriers and challenges that people with disabilities and or those living with long-term ill health conditions face when trying to access sports and exercise provisions in the borough. As the council begins to insource leisure, it opens up an opportunity for this sub-committee to review and strengthen on how the leisure centres and other community facilities can be more inclusive to these group of residents of the borough.

This scrutiny report considers evidence from a range of stakeholders. In particular, I want to thank our Disabled People's Network and Older People Reference Group for their contribution. I also want to thank our dedicated leisure centre staff who were candid with their views in answering our questions. We also heard evidence from some of the local and regional chief execs such as REAL⁵, Disability Sports Coach⁶, Ability Bow⁷ as well as independent experts such as Alternative Movement⁸ on how they tackled the issue. Finally, I want to thank our cabinet leads, council officers (leisure insourcing team, public health, parks and transport planning) who supported this review and provided valuable insights that has helped to shape the recommendations of this report.

The Health and Adults Scrutiny Sub-Committee has identified six recommendations and I hope that the mayor and cabinet will take these forward. The sub-committee are happy to work with the executive and ensure that the council maximises the opportunity to deliver service improvements for our residents with disabilities and or those living with long-term ill health conditions.



Cllr Ahmodur Khan
Chair of Health and Adults Scrutiny Sub-Committee

¹ [Disabled people | Sport England](#)

² [ukactive | More People More Active More Often](#)

³ [Activity Alliance | Disability Inclusion Sport](#)

⁴ [Family Resources Survey: financial year 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)

⁵ [Real - Disabled people working together for real choices](#)

⁶ [Home | disabilitysportcoach.org.uk](#)

⁷ [Ability Bow - Disability Gym, East London, UK.](#)

⁸ [Adaptive Fitness | Alt Movement | England](#)

Summary of Recommendations

Recommendation 1	Disability representation
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The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce

Recommendation 2	Better data driven evidence on disability access and usage
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The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements	
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Recommendation 3	Developing trusted disability communication channels and campaigns
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The council should engage community disability groups and organisations to co-design robust campaigns that actively promote sports and exercise initiatives for people with disabilities and or those living with long-term health conditions	
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Recommendation 4	Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement.
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The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.	
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Recommendation 5	Collaboration with Primary care, NHS, healthcare partners, park services, and voluntary and community sector
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The council's leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.	
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Recommendation 6	Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities
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The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.	
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Reason for Enquiry

- 1.1. The Health and Adults Scrutiny Sub-Committee (HASSC) recognise that residents with disabilities or those living with long-term ill health conditions are significantly less likely to take part in sport than abled people. Sport England⁹ Active lives Adult Survey, (Nov 2021-22) identified that adults with disabilities are twice (41 percent) as likely as abled adults (20.9

⁹ [Active Lives | Sport England](#)

percent) to be physically inactive. Disability remains a complex sector with substantial variations in people's needs and preferences. HASSC also acknowledge that a 'one size fits all' approach may not necessarily work if the ambition is to support more residents with disabilities and or those living with long-term health conditions to be more physically active. Research from Activity Alliance's Annual Disability and Activity Survey¹⁰ (2022-23), suggests that four in five¹¹ (77 percent) people with disabilities have a preference to be more active and that the 'activity gap' has remained consistent, showing an ongoing unmet need.

- 1.2. HASCC also accepted the assumption that certain age groups are more likely to have either a disability or face underlying health conditions. Research from Sport England¹² suggests that almost one in five people in England have a long-standing limiting disability or illness and that almost 70 percent of people with disabilities are aged over 50. Nearly 50% of disabled people are considered having a long-term ill health condition and that 75% of disabled people have more than one impairment. At a borough wide level, HASSC also recognised the environmental pull factors, such as, the intensity of the Covid-19 pandemic impacting adversely people with disabilities and those living with long-term ill health conditions. The sub-committee also accepted that a lack of access may also create further challenges such as isolation, loneliness and poor emotional wellbeing. Studies from Activity Alliance's¹³ indicated that people with disabilities are almost three times more likely than non-disabled people to feel lonely always or often. It also identified that nearly two thirds of people with disabilities who felt lonely agreed that being active could reduce their loneliness.

Methodology

- 1.3. This scrutiny review was chaired by Cllr Ahmodur Khan, chair of Health and Adult Scrutiny Sub-Committee. Members of sub-committee undertook different evidence gathering session including:
 - Carrying out site visits to Better Leisure Centres (operated by GLL) and community gym facilities in the borough between December 2023 and January 2024
 - Held a community resident engagement workshop on 13th February 2024 with residents from the Disabled Peoples' Network and Older People Reference Group
 - Held two scrutiny review session discussing the barriers faced by people with disabilities and or those living with long-term ill health conditions, (15th Feb 2024) followed by a session on solutions, (4th March 2024).
- 1.4. The scope of the review set out the following key considerations:
 - Understand the specific barriers that people with disabilities face and or those living with long-term ill health conditions encounter when trying to access sports and exercise provisions;
 - Capturing the voice and views of people with disabilities and or those living with long-term ill health conditions;
 - Understand the main challenges in promoting inclusiveness and participation in sports and exercise for people with disabilities and or those with living long-term ill health conditions;

¹⁰ [Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance](#)

¹¹ The survey was conducted by IFF Research. 998 disabled people and 976 non-disabled people aged 16+ took part

¹² [Disabled people | Sport England](#)

¹³ [Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance](#)

- Methods to Improve accessibility of the leisure facilities and for people with disabilities and or those living with long-term ill health conditions;
- Explore and consider the availability and capacity of adaptive sports programme for people with disabilities and or those with living long-term ill health conditions;
- How we can improve and enhance awareness and education on the importance of inclusive sports and exercise programmes;
- How policy considerations can improve access and participation;
- Taking learning for case studies and best practice; and
- Technological applications and resourcing to improve access and participation

1.5. Members who contributed to this review

ClIr Ahmodur Khan	Chair of Health and Adults Scrutiny Sub-committee and OSC Member
ClIr Abdul Mannan	Chair of Housing and Regeneration Sub-committee and HASSC & OSC member
ClIr Ahmodur Kabir	Health and Adults Scrutiny Sub-committee member
ClIr Amy Lee	Health and Adults Scrutiny Sub-committee member
ClIr Amina Ali	Health and Adults Scrutiny Sub-committee member
ClIr Mohammed Chowdhury	Health and Adults Scrutiny Sub-committee member
ClIr Shafi Ahmed	Member
ClIr Belal Uddin	Member
Assan Ali	Co-opted Member
Nicola Lawrence	Healthwatch Co-opted Member

Cabinet members contribution

ClIr Gulam Kibria Choudhury	Cabinet Member for Health, Wellbeing and Social Care
ClIr Iqbal Hossain	Cabinet Member for Culture and Recreation

Witness evidence contribution

Jack Gilbert	Chief exec REAL
Peter Ackred	Chief exec Disability Sports Coach
Iqbal Hussain	SEN Engagement Manager, Vallance Community Sports Association
Victoria Kent	Chief exec Ability Bow
Craig Graham	Head Coach and Founder of Alternative Movement
Natalie Southlaw	Disability Accessibility Consultant
Esme Khaliq	Co-founder of Global Eyes
Raj Mistry	LBTH Leisure Insourcing Sponsor
Liza Choudhury	LBTH Project Manager Insourcing Leisure
Amelie Gonguet	LBTH Public Health Manager, Leisure Insourcing
Tim Clee	LBTH Culture and Capital Programme Manager
Robert Morton	LBTH Principal Transport Planner

Scrutiny Review Supported by

Filuck Miah	Senior Strategy and Policy Officer, Corporate Strategy and Communities
Ayaan Gulaid	Strategy and Policy Officer, Corporate Strategy and Communities

Paul Burgess	Strategy and Policy Officer, Corporate Strategy and Communities
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- 1.6. This scrutiny review’s aims are to improve:
- Level of active participation from people with disabilities and or those living with long-term ill health conditions with sports and exercise;
 - Generate greater awareness and education through campaigns;
 - Policy improvements; and
 - Representation and empowerment of disabled people within the leisure industry
- 1.7. This scrutiny review also considers the council’s strategic priorities such as ‘Investing in Public Services’ and ‘A council that listens and works for everyone’ as these are linked to the review topic.

Key Findings and Recommendations

Recommendation 1	Disability representation
The council should actively prioritise initiatives that will enhance visibility and representation of people with disabilities and or those living with long-term ill health conditions within the leisure sports and fitness centre workforce	

- 2.1. A key area that HASSC members were interested in, was to understand the level of representation of people with disabilities within the industry, given that the council was also driving change to support a workforce to reflect the community. As part of their evidence gathering, HASSC members carried out a number of site visits to Better Leisure Centres in the borough that were being run by the contracted provider GLL (soon to be insourced by the council) alongside community gyms to understand not only the usage by people with disabilities and or those living with long-term ill health conditions but how representative were they within the industry. The visits had also enabled the members to observe and consider facility usage, premises infrastructure, fitness equipment, exercise programmes and the workforce. HASSC members had enquired with GLL duty managers if they employed people with disabilities and if they were able to provide any figures on how representative this was. HASSC members accepted that some of the workforce may also be considered as having hidden disabilities, however from their observations they felt that there was a lack of representation from the disability group such as front of house, sports coach and even management. Studies from Sports England Active lives Adult Survey¹⁴, (Nov 2020-21) also suggests that people with disabilities and or those living with long-term ill health conditions who are unemployed (40 percent) are much more likely to be inactive than disabled people (30 percent) who are employed.
- 2.2. To further understand some of the representation issues from the disability and long-term ill health group, HASSC members held a resident engagement workshop with a focus group cohort from the Disabled People’s Network and Older People Reference Group. HASSC members were able to observe and listen to residents had informed that they felt that there was a distinct lack of representation at Better Leisure Centres from their groups or opportunities for them to be considered such as front of house reception and class fitness coaches. As users of leisure facilities, some of the group with learning disabilities felt

¹⁴ [Active Lives | Sport England](#)

conscious about the disability and were worried as to how others (working at centres or using the facilities) perceived them and that this would put them off from visiting and using the facilities.

- 2.3. REAL's chief executive informed the sub-committee that people with disabilities are not experts in the usage of leisure centres and that they may not be aware of what assistance they can ask for or who they need to speak to about using the leisure facilities. The chief executive also suggested that some of the service users may feel different or have experienced prejudice from others and that this may not necessarily be the staffing but others using the facilities. Studies from the Activity Alliance, YouGov Survey¹⁵, (May 2021) also identified that almost nine in 10 people with disabilities agree that attitude about disabled people need to improve generally. Research by Scope Disability Perception Gap¹⁶, (2018) also reinforce that one in three (32 percent) disabled people felt that there is a lot of prejudice against people with disabilities in Britain.
- 2.4. The chief executive of Disability Sports Coach also shared the similar views as REAL's chief executive and he informed the sub-committee that within the industry that there was a general staff turnover, which posed a sizeable challenge on ensuring staff had the appropriate disability awareness training. The sub-committee were also advised that since the pandemic, inductions to facilities, sports and fitness initiatives were not visible or possibly no longer exist as leisure centres will have needed to prioritise budget pressures. HASSC was further informed that promoting the training of specialist staff so that they are disability aware alongside the opening up opportunities in the industry for people with disabilities and or those living with long-term ill health must involve the whole community and not only charity organisations such as Disability Sports Coach. Ability Bow's chief executive also advised the sub-committee that whilst accessibility and affordability are important to increase representation, it is as important to have employees with the right attitude and at their gym staff development, growth and experience is achieved from doing the work.
- 2.5. Disability Sport Coach's chief executive also outlined the challenge from the national picture and informed HASSC that encouraging people with disabilities and or those living with long-term ill health conditions into the industry was a challenge as the national governing body of sports are too stringent with their criteria, or the framework is not flexible or adaptable meaning that some people with disabilities may be at a disadvantage and not meet the threshold. He added, that support for disabled people in achieving the qualification framework can be lacking or very limiting, such as allowing people with learning disabilities more time with assessments. Vallance Community Sports Association's Special Education Needs (SEN) Engagement Manager informed the sub-committee that representation was an issue as they believed that there was a shortage of role models and specialist coaches to motivate and inspire people with disabilities and or those living with ill health conditions. The review also led to the sub-committee asking how the council might approach meaningful representation within leisure. The Disability Sport Coach's chief executive advised the committee that it has to be disability led and that the council must ensure that it seeks advice from the disability community groups and use networks such as REAL and Vallance Community Sports to help inform and shape representation.

¹⁵ [New strategy launched as poll shows pandemic impact on disabled people | News | Activity Alliance](#)

¹⁶ [Disability charity Scope UK](#)

2.6. HASSC members visit to the Better Leisure Centres across the borough, also heard evidence from the shift managers that recruiting more female lifeguards was a significant challenge. Scrutiny members had considered this as they are aware of the diverse make-up and nature of the borough’s population that also included gender, cultural and religious context. Not employing female lifeguards meant that many women (including those with disabilities and those living with long-term ill health conditions) who liked to swim as part of exercise or group activity would be put off if there was a male lifeguard attending. As the council planned to insource the leisure service, the sub-committee asked for the council’s view representation and disability workforce. The council’s Leisure Insourcing team informed that sub-committee that as the leisure centres will be migrated over to the council from May 2024, the Tower Hamlets HR policies, recruitment retention and staff development will apply and will cover the protected characteristics. The Sub-committee were also advised that the Leisure Insourcing team were collaborating with the council’s own recruitment service Work Path targeting school leavers and use of apprenticeships and that there will be opportunities for staff with disabilities working in the council to take up some of the opportunities through the learning and development platform.

Recommendation 2	Better data driven evidence on disability access and usage
The council should develop a comprehensive approach to the collection and analysis of disability access and usage led data that supports good governance and drives continuous improvements	

3.1. An area of concern for HASSC members was that there a distinct lack of locally available disability usage of facilities data from the Better Leisure Centres despite. The sub-committee considered the application of data driven evidence-based approach and how this could be used to strengthen the inclusiveness factor and wider disability participation on sports and fitness initiatives. REAL’s chief executive informed the sub-committee that as there is no longer a general induction process at the leisure centres, it may be the case that most people do not declare that they are disabled or living with a long-term health condition for example that affects their mobility. REAL’s chief executive further informed the sub-committee that he observed that the Better Leisure Centre membership management system does not allow for people with disabilities and or those living with long-term ill health conditions access requirements to be properly coded. It is also most likely to have limitations such as being able to locate disabled gym members who may have particular needs or requirements and fails to capture their experience. REAL’s chief executive is of the view that that consequence of not correctly coding disability or long-term ill health conditions access communication needs may impact on being able to obtain qualitative feedback.

3.2. Studies from UK Active¹⁷ that considered people with disabilities participation at gyms, fitness and leisure facilities through data capture concludes that it was necessary to standardise the definitions and terminologies associated with data collection to support consistency and benchmark activities across data sets. Its findings further identifies that staff need to be comfortable with how to ask for personal information and that staff are aware of why collecting data on disability and or those living with long-term ill health conditions is important for users. The sub-committee wanted to understand how data could be applied to help coaches be informed about the latest advancements in adaptive fitness techniques and equipment to support people with disabilities and or those living with long-term ill health conditions. Alternative Movement’s head coach informed scrutiny members that for smaller independent organisations, the resources are limited for coaches and fitness instructors to stay informed around exercise and disability within a mainstream setting. Alternative Movement

¹⁷ <https://www.ukactive.com/>

run workshops and use their social media accounts to help others offer the same. Vallance Community Sports Association's SEN engagement manager advised the sub-committee that they use service user feedback to shape their service and within this process they are able to capture disability data and or long-term ill health conditions.

- 3.3. The sub-committee had asked the Cabinet member for Culture and Recreation on the approach that the Leisure Insourcing team had taken to engage people with disabilities and or those living within long-term ill health conditions. The Cabinet member informed the sub-committee that the council had applied a range of engagement and consultation methods including focus groups, online polls with residents, wider community engagement sessions, individual with hearing or visual impairments as well as liaising with internal services and partner organisations. The Cabinet member outlined that some of the findings from engagement including cleanliness of premises, customer service, enabling and empowering people with disabilities, privacy and safety, service and programmes and staff training and working collaboratively.
- 3.4. HASSC members only had a limited amount national data (on people with disabilities and or those living with long-term ill health conditions accessing leisure) available to them. Scrutiny members wanted to understand how the national data had influenced the Leisure Insourcing team's approach and additionally they examined the level of benchmarking activities undertaken as part of the evidence gathering. The Leisure Insourcing team accepted that the quality and level of data was limited from Better Leisure Centres and that they had to undertake further research to understand the views of the residents (including people with disabilities and or those living with long-term ill health conditions). They informed the scrutiny members, that they carried out lived experience (people with disabilities) focus groups and listened to their concerns. The team also informed the sub-committee that the main finding theme or direction from the national data was that people with disabilities and or those living with long-term ill health conditions equated to them being twice as likely to be inactive. The Leisure Insourcing team informed that sub-committee that they are procuring a new leisure management system with which they hope to capture and provide better demographic data that should lead to evaluate data on disability access. The Leisure Insourcing team advised the sub-committee that it had undertaken benchmarking activities with two other London local authorities (that had insourced its leisure services) and this allowed them to gain some insights and learning.
- 3.5. The sub-committee was also interested in understanding how the application of data driven intelligence could support and enhance timely decision-making. Scrutiny members visited a number of Better Leisure Centres and engaged the duty managers to understand how the centres could improve disability access and provision. Scrutiny members heard from a number of duty or shift managers who advised the members that some of facilities needed better accessible signage, improved lighting, that more could be done to welcome people with disabilities and or those living with long-term ill health conditions such as having a bespoke introduction to the facilities. Scrutiny members also heard how some of the facilities such as the studios are under occupied during the day when it could be used to promote more classes for different community groups during the day time period as well as better publicity to promote more classes for different community groups. Scrutiny members also observed that some of the exercise and fitness equipment were not designed with disability or those living with adaptations in mind and therefore disability usage could be limited. Scrutiny members further observed that some of the leisure centre external premises were not maintained and appeared uninviting to the eye and may also put off people with disabilities such as a wheel chair user.

Recommendation 3	Developing trusted disability communication channels and campaigns
The council should engage community disability groups and organisations to co-design robust campaigns that actively promote sports and exercise initiatives for people with disabilities and or those living with long-term health conditions	

- 4.1. HASSC members were interested in understanding how the leisure centres and more specifically, sports and fitness initiatives were being promoted to people with disabilities and or those living with long-term ill health conditions. Scrutiny members were also keen to understand the strategy that might be used to promote inclusion for people with disabilities and or those living with long-term ill health conditions. REAL’s chief executive informed the sub-committee that people with disabilities and or those living with long-term ill health conditions may have a different relationship to exercise including people with conditions such as asthma, sensory and mobility impairments, neurodiversity or special education needs. People with disabilities may also have been excluded from exercise or teams sports at school, experienced deep discomfort, fear associated with the activity or even the attitudes of their classmates and teachers. REAL’s chief executive felt that the current communication and publicity (posters) which exists at Better Leisure Centres only caters for and targets young and able-bodied people. He added that the publicity material promoting leisure facilities does not conform to the required accessible communication standards and that the likelihood is that it would not appeal to or be identified by a disabled person referring to them.
- 4.2. The sub-committee wanted to understand whether the use of influencers and high-profile Paralympians could improve the branding, image and directly motivate for people with disabilities and or those living with long-term ill health conditions. The Disability Sports Coach’s chief executive advised the sub-committed that there are both pros and cons with using influencers although, in his opinion it has not been used at grassroot sports and that many people with disabilities, their carers and families just want to have fun. The sub-committee recognises the benefits of developing social engagement activities within leisure services and the impact this has on peoples’ overall wellbeing. Studies from Sense¹⁸ also identified that more than half (53 percent) people with disabilities felt that there are more barriers to making and keeping friends and that this increased (77 percent) for young disabled people aged 18-34. The discussion and findings suggests that more exploration of this area is needed to determine the level and type of publicity required to promote sports and fitness initiatives to people with disabilities and or those living with long-term ill health conditions.
- 4.3. Scrutiny members engagement with residents from the Disabled Peoples’ Network and Older People Reference Group outlined some of the areas that the residents wanted to see from campaigns this included healthy food, engagement involvement with diversity, ensuring there is an outreach comms service, more community engagement, targeted comms for specific disabilities and more awareness campaigns. Studies from Sport England suggests that the people with disabilities (and or those living with long-term ill health conditions) population are very diverse and therefore the sports and fitness initiatives need to determine which group they target and tailor the communication and channel appropriately. Sport England further suggests that there is a good opportunity for advertising in locations where people are forced to wait such as stations, bus stops and waiting rooms. The resident focus group also informed the sub-committee that some disability users have explored options when there is a

¹⁸ [Sense, A right to friendship? Challenging the Barriers to friendship for people with disabilities 2015](#)

recommendation from a trusted source such as their GP, family friends or even the local hair dresser. People with mental health conditions were most likely to carry out an in-depth investigation to ensure that the activity appealed to them, and they would also want to establish what is involved. The sub-committee also noted that the communication needs to have clear understanding of the activity, they type of person taking part and approach of the instructor. These will be important to the user before they make commitment to try out the session.

- 4.4. The sub-committee scrutinised how the feedback from the council’s brand survey will influence the future decision making regarding the leisure, health and wellbeing. Scrutiny members wanted to understand how the polling considered concerns around affordability, cost and value of money. Studies from Joseph Rowntree Foundation, UK poverty (2019-20) findings indicated that a disabled working-age adult is more than twice as likely to be in poverty than a non-disabled adult. The sub-committee felt that this would also have some influence on disability inequality issues where more than one protected characteristic (intersectionality) is at play and how publicity would be used to target different groups with different levels of income. The Leisure Insourcing team informed the sub-committee that the main concerns from the survey were on proximity of the facilities to them. The Leisure Insourcing team notified the sub-committee that they will be exploring options on how to reduce the price including establishing concessionary rates, family membership, bring a friend, try it out and some of which has already been trialled such as free swimming for women and senior residents. Scrutiny members are of the view that vulnerable people such as those with disabilities will have significant cost burdens and often have to prioritise other basic needs. Therefore having good publicity and informing people of the different cost options may support in improved take up. Studies from the Alliance’s Annual Disability and Activity Survey¹⁹ (2022-23) suggests that six in ten disabled people (60%) also reported that the increase in cost of living has reduced how much they socialise.
- 4.5. Members were also of the view that that once the leisure service becomes in-house, the council will be able to run its own surveys, be more targeted and hear from people with disabilities and or those living with long-term ill health conditions about their lived experience and barriers the continue to face. Alternative Movement informed the sub-committee that it was important to speak to the individual and not the carer or the person they are with and assessing their previous experience and understanding their specific impairment. Alternative Movement informed the sub-committee that the exercise sessions are the same in any class but have slight adaptations to accommodate the individual’s ability and that disabled gym users feel like they are doing the same workout as each other and not being singled out.

Recommendation 4	Create a sports and exercise disability forum that embeds a person-centred philosophy and empowers residents with disabilities and or those living with long-term health conditions to review provision and make recommendations for improvement.
The council should work with disability groups and establish a sports and exercise disability forum that empowers residents with disabilities or those living with long-term ill health conditions to undertake activities such as accessibility audits on facilities, customer service, equipment, programmes to deliver on improvements.	

- 5.1. The sub-committee wanted to understand and examine how people with disabilities and or those living with long-term health conditions could be empowered and involved in shaping

¹⁹ [Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance](#)

the leisure sport and exercise initiatives. Ability Bow's chief executive advised that sub-committee that from their operational experience (in working with disability and long-term ill health condition groups) inclusivity and creating a sense of community in the gym and fitness environment is an important element as this will support the gym user settle in quickly and have a positive impact when they are using the facilities such as getting a good result from exercise and can see the point of it. Through providing a nice experience for the gym user (which is welcoming in a community environment setting) is more likely to make people feel comfortable. The sub-committee accepted that this may also provide an opportunities for engagement and feedback on what is working well and areas for improvement. Scrutiny members were also advised that it would be helpful for the insourced leisure service to include a comprehensive induction process that should be designed to pick up on all the different abilities so that the leisure service staff are confident in their understanding on how to adjust the programmes

- 5.2. REAL's chief executive informed scrutiny members that many of their services users with disabilities and or those living with long-term ill health conditions were concerned about personal assistance and how they would access green spaces and leisure centres. In particular, concerns were about the Adult Social Care support packages not going far enough and do not offer the disabled service user the support they need to go to those places. Scrutiny members want to understand more about the issues of access to open and green spaces for people with disabilities and or those living with long-term ill health conditions and they asked REAL's chief executive view on disability access to Victoria Park and the impact of some of the large events that take place such as running. The sub-committee heard that large events such as running does put off disabled residents and their carers from visiting because of blockages of streets, poor parking on slopes or bikes and rubbish left on the floor. The sub-committee were also informed that there are challenges in using the canal routes linked to the parks and it required an annual consultation to discuss how the sharing of public spaces.
- 5.3. Scrutiny members recognise the importance of involving the end user of the service when there are significant changes which may impact their ability access and use the service. The Disabled People's Network and Older People Reference Group service users informed the scrutiny members that (they are of the view) there needs to be more engagement and direct involvement with them on a semi regular basis as needs can change over time and that there needs to be a continuous focus on how to improve and shape services including access as people may have more than one impairment. The sub-committee also received written feedback from a resident with disabilities who had visited one of the Better Leisure Centres with the scrutiny members. The resident made some suggestions and recommendations on how the service could be improved for residents with impaired communication such as that Better Leisure Centre staff need training on using descriptive instruction for visually impaired residents and nonverbal cues for residents with hearing impairment. The sub-committee also heard evidence and a need to setting up a co-production initiative that involves working members of the community, council staff and involve SEN and deaf people to develop a training programme on disability awareness for leisure service staff. The aim of this would be have regular dialogue and improve the customer relationship.
- 5.4. The sub-committee recognises that disability is a vast and complex area and that it may require a personalised approach to ensure it meets the needs of the individual. Scrutiny members also noted that it should not be standardised and that would benefit from building in dedicated time and investment to improve resident with disabilities and or those living with long-term ill health conditions access and participation with sports and fitness initiatives.

Studies from Activity Alliance²⁰, You Gov Survey suggest that just over seven in 10 disabled people (72%) agree that the coronavirus pandemic has made sport and physical activity less fair for disabled people. Scrutiny members observed from their site visits that some of the physical infrastructure were not inclusive and designed with people with disabilities in mind such as having open changing rooms and the only private changing space near the showers which might not be accessible to some who has neurodiverse behaviour, differently bodied or sensory impaired. REAL's chief executive observed that the strength training equipment and machinery may not be accessible for wheel chair users or those with different types of sensory and other long-term conditions and impairments. He added that the design reconfiguration must be laid out in a way that makes its accessible.

- 6.1. Scrutiny members questioned and considered the plans to address historical poor customer service in leisure services and the added impact this has on people with disabilities (often putting them off taking part in the activity). This was significant, as the Disability Sports Coach's chief executive advised the sub-committee that it would determine whether the individual would come back and use the facilities. The Leisure Insourcing team informed the sub-committee that there would be plans to have a more hands on approach via an on demand online service alongside a dedicated telephone service to support the delivery of good customer care. Members also considered how residents with hearing impairment would be supported with access to sports and fitness initiatives and if staff would be trained with British Sign Language (BSL). The council's Leisure Insourcing team had informed the sub-committee that they are exploring the option of identifying 10 members from the council to use the 'train the trainer' programme where by staff will undertake a coaching programme to train other members of staff up that are interested. The sub-committee also noted that individuals with disability are likely to be empowered to contribute to the development of inclusive gym facilities and services and that it was important for standardising disability inclusion training for leisure centre staff.

- 5.5. The sub-committee wanted to understand how the Leisure Insourcing team anticipates a disability forum or network to be structured to ensure that there is effective feedback and that it includes a co-design approach to issues faced by people with disabilities and or those living with long-term ill health conditions. Studies from Sport England²¹, Active Lives Adult Survey, (Nov 2021) learnt that 80 percent of people with disabilities say their impairment or health condition stops them from being active as they would like. The Leisure Insourcing team advised that they expect to have an ongoing dialogue with residents and community partners, enabling them to access insights and intelligence that the council would not have and that this group would be empowered to hold them to account. Ability Bow's chief executive informed the committee that having a voice and or empowering disabled residents would be needed as often people have multiple disabilities and need to be supported as they do not have a positive experience of exercise. Vallance Community Sports Association SEN engagement manager informed the sub-committee that they too had faced challenges in accessing special club competitions for resident with disabilities such as taking part in South London (disability football) Football League in Lewisham due to a lack of community transport and that other options being too costly and they added that there was not outlet for people to raise this issue.

- 5.6. Members also received feedback from the Older People Reference Group on the lack of adapted accessible equipment with some of the Better Leisure swimming pools, such as not

²⁰ [New strategy launched as poll shows pandemic impact on disabled people | News | Activity Alliance](#)

²¹ [Active Lives | Sport England](#)

having a hoist for people with wheel chair access. Finding from DWP Family Resources Survey²², (2022-23) identified that the largest groups in the UK were people with mobility impairment (48 percent) and that mental health impairments were increasing over the last decade (15 percent to 34 percent) from 1.9million to 5.4 million people. Feedback from the Older People Reference Group felt that it would be helpful to have community occupational therapist type of model similar to Adult Social Care provision who can assist with designing better layouts such as entering the swimming pool for people with hip mobility issues. Alternative Movement’s head coach was also asked to provide insights on their approach to making facilities more accessible for people with disabilities and or those living with long-term health conditions. They advised the sub-committee that it is about having the appropriate access such as doors that are automatic and wide enough for wheel chair users, disabled parking spaces, disabled toilets, clear markings, guiding members and having information on the websites and giving as much information as possible about the facility and how to get there.

Recommendation 5	Collaboration with Primary care, NHS, healthcare partners, park services, and voluntary and community sector
The council’s leisure service should establish joint working protocols with primary care, NHS, health partners and voluntary and community sector to support widening access and become a partner referral provider for people with disabilities and or long-term health conditions.	

- 6.1. Scrutiny members were needing to understand the how people with disabilities and or those with living with long-term ill health conditions were accessing sports and exercise initiatives. Ability Bow’s chief executive informed the sub-committee that they received referrals from GPs, hospitals and social care for anyone with a disability or underlying health condition such as diabetes, heart disease, stroke patients. Results from the Activity Alliance, Annual Disability and Activity Survey²³, (2022-23) also suggest that healthcare professionals are the preferred source of advice on sport and physical activity for disabled people. 64 percent would listen to their GP, doctor or nurse and 53 percent would listen to a physiotherapist, occupational therapist or other medical professionals. Scrutiny members also considered whether organisations such as Vallance Community Sports Association who outlined a good track record in engaging people with disabilities can contribute and mentor other organisations who want to be involved in disability sports as part of expanding the footprint of disability sports and exercise initiatives in the borough.
- 6.2. The sub-committee wanted to better understand how independent organisations such as Alternative Movement (Cross Fit adaptive fitness coaching) worked with other professionals. Alternative Movement’s head coach informed the sub-committee that they do work with local therapists, schools and other coaches on a referral basis where they share work depending on our specialties and requirements of the individuals. They also advised the sub-committee that in their opinion, it can help understand the clients’ needs better in adapting their programme and offer a better service. The Leisure insourcing team also informed the members that this is an area that they are looking to expand in to using the social prescribing model to support those who may require rehabilitation from life changing injuries such as a stroke patients, heart conditions and impact of diabetes which is prevalent in Tower Hamlets. The sub-

²² Family Resources Survey: financial year 2022 to 2023 - GOV.UK (www.gov.uk)
²³ Annual Disability and Activity Survey 2022-23 | Research | Activity Alliance

committee noted that this is likely also increase the footfall residents with a disability or those living with long-term ill health condition cohort. Vallance Community Sport Association’s SEN engagement manager informed the sub-committee that much of the referrals they receive is by word of mouth and from like-minded parents but have currently suspended referrals as they do not have the capacity or staffing ratio to safely accommodate.

- 6.3. The sub-committee also heard evidence, that residents with disabilities and or those living with long-term ill health conditions may be exposed to poverty and cost of living challenges and are much more likely to use voluntary and community services in the borough for support. Finding from Sport England, Active Lives Survey²⁴, (Nov 2020-21) identify that people with disabilities from lower socio-economic groups (45 percent) are much more likely to be inactive than disabled people from higher socioeconomic groups (30 percent).

Recommendation 6	Creating transitional arrangements from specialised fitness gyms to mainstream leisure centre facilities
The council should establish joint work protocols with community gyms (specialist in disability and long-term ill health condition) to support residents with disabilities and or those living with long-term ill health conditions to make the transition into mainstream leisure centre facilities.	

- 7.1. Scrutiny members had visited Ability Bow as part of its evidence gathering arrangement. Scrutiny members observed that the gym was established primarily for supporting people with disabilities and or those living with long term health conditions. Ability Bow’s chief executive informed the sub-committee that they are a small charity specialist gym and that key the challenge for them is that it is demand is high from residents with disabilities and or those living with long-term ill health conditions that they are oversubscribed with people having to join the waiting list as the facilities is small, limited in capacity and that there are no other gyms nearby that can accommodate residents with disabilities and or those living with long-term ill health conditions. They also informed the sub-committee that, while exercise is for everyone to enjoy, it cannot be a one size fits all approach. Ability Bow challenge is also difficult to move people on the mainstream leisure as the support structure and specialised equipment is not available. Capacity is another challenge and as such Ability Bow main also train up the carer or a family member to support the rehabilitation process and this could be simply motivating for them to continue with the type of exercise.
- 7.2. Scrutiny members also heard the evidence on the approach that Alternative Movement had taken to adapt and modify exercise or equipment to cater for diverse disability needs and that this has helped to manage expectations and grow their business organically. Alternative Movement’s head coach concurred with the views of Ability Bow, that a ‘one size fits’ all does not work, so what would work for one person would not necessarily work for another user. Alternative Movement’s head coach outline an example to the sub-committee to demonstrate why adaptation is needed and how it can be delivered in a mainstream environment for example Alternative Movement would factor in the movement or mobility of an individual and adjust to achieve the intended stimulus such as a deadlift exercise would target the posterior chain so they consider other things that can target this are if the individuals is not able to carry out the movement due to their impairment, which could be any form of pulling movement.

²⁴ [Active Lives | Sport England](#)

- 7.3. Alternative Movement also informed members, that their service offer is predominantly group training and this creates a sense of community, and they would often recommend a one to one to begin with, as this gives them an opportunity to slowly integrate the individual to common movements that is performed in the class setting. It also provides the opportunity to assess how much support the client may need in the class environment. The individualised sessions helps address any of the fears and anxiety around the gym setting. A key concern for people with disabilities, impairment or underlying health condition is lack of confidence and worries around how others will perceive them but that they prefer to be within a mix (disabled and abled) setting. Results from Activity Alliance, Disabled People's Lifestyle Survey²⁵, (2013) identified that two thirds (64 percent) of disabled people would prefer to take part in sport with both disabled and abled people. Alternative Movement added that the key issue for people with disabilities is that they want to be treated normally and not be singled out whether the intentions are positive or negative from other gym users.
- 7.4. The sub-committee also heard evidence from Vallance Community Sports Association SEN engagement manager who informed them that some of the challenge their service users face is that there is a lack of organised sports programmes and that there is low level media coverage. They also informed the scrutiny members that there is a lack of support staff due to constraints with resources which impacts their capacity to deliver more as they currently have around 110 registered members and have stopped taking in any new referrals. Currently they can accommodate 60 people undertaking a multisport activity once per week. The SEN engagement manager does feel that this can be scale up but that it is dependent on resources including staffing. The SEN engagement felt that some of the issues could be resolved for example getting access to Urban Gym at Mile End could open up access for residents with disabilities and or those living with long-term health conditions to use the gym facilities.

Conclusion

- 8.1. This scrutiny review supported the sub-committee to scrutinised and examine the challenges faced by people with disabilities and those living with long-term ill health conditions in accessing leisure facilities including sports and fitness initiatives in the borough. The review enabled residents from disability groups and or those living with long-term ill health conditions to engage with the process and put their views across to the sub-committee. Scrutiny members had the opportunity to visit community gyms and the soon to be council insourced leisure centres.
- 8.2. It is evident that sports and fitness initiatives and leisure centres in the borough are a real asset and a community driven need to support social inclusion and the populations overall health and wellbeing. The review identified that there is real opportunity to strengthen the local offer, to be more inclusive and deliver targeted interventions that will meet the needs of our residents with disabilities and or those living with long-term ill health conditions. Furthermore, this report demonstrates its alignment with the council strategic priorities such as focusing on 'Investing in Public Services' and 'A council that listens and works for everyone'.
- 8.3. The sub-committee has made six recommendations and hopes that the Mayor and Cabinet will endorse and take these forward and work with HASSC and others to ensure that we use the opportunity make improvements for residents with disabilities and or those living with

²⁵ [Disabled People's Lifestyle Report: September 2013 | Research \(activityalliance.org.uk\)](#)

long-term ill health conditions with their access to leisure and sports and exercise initiatives in the borough.