
User-friendliness of fitness and recreational sports centres for people after stroke.

A participatory action research (PAR) project.



Welcome

WELCOME ABOARD! Thank you for participating in this PAR project. I look forward to working with you across the course of this project, sharing our knowledge and experiences together and working towards your goals.

Background of the project

Fitness and recreational sports centres (eg. gyms and swimming pools) should be well positioned to provide a positive recreation experience that is inclusive, safe and supportive for individuals with disability (eg. people after stroke) to undertake physical activity. However, such individuals often report that fitness centre environments are not user-friendly (accessible and usable) for them. The following article taken directly from the Guardian Newspaper in the UK highlights this issue.

theguardian

Gyms face challenge to get fit for disabled people Patrick Butler (12/09/2012)

Many people find it difficult to use leisure centres, and some say the problem is as much about attitudes as equipment.



Anne Taylor works out in Finchley, north London.

Photograph: Graham Turner for the Guardian

To the untrained eye, Barnet Copthall leisure centre looks great. Light, spacious, relatively modern, well-appointed. But as our tour finishes, Anne Taylor delivers a swift and harsh verdict: "The lift is too small, the corridors narrow. The doors are really heavy, and my wheelchair got caught in that dip at the entrance to the changing rooms where the drain was."

She had spotted that the gym had only two pieces of fitness equipment that she could use. And she was not convinced that the changing rooms were particularly wheelchair-friendly. "There were just too many things that just weren't suitable."

Even so, she points out, this gym is far from terrible. A few months ago, inspired by the Paralympics to get active, Taylor had set out to find a gym in her suburban patch of north London. An internet search pulled up 10 nearby gyms but only five were listed as "accessible". Of those, she struck three off her list when she discovered they did not have an automatic entrance door, which she says would prevent her getting into the building unaided.

Later we go to the plush David Lloyd leisure centre in Finchley, the gym she ended up joining. Taylor shows me the custom-built lift and the disabled changing room. She praises the friendliness and thoughtfulness of the staff. Upstairs in the gym, a personal trainer, Louis Rennocks, puts her through her paces on the arm cycle and the lateral pull down weights. "This is what all gyms should be like," she sighs.

As a survey by the charity Leonard Cheshire Disability confirms, disabled people often find it difficult to use gyms, leisure centres and swimming pools. Disability discrimination laws have forced some improvements, but as Phil Lane, a former chief executive of the British Paralympic Association says, "access is still pretty patchy across the country".

Lane, now head of sport and Olympic legacy for GLL, a social enterprise which runs leisure centres on behalf of 26 UK local authorities, including the one at Barnet Copthall, says gyms can struggle to adapt if buildings are old and expensive to refurbish. Cuts to local authority leisure budgets have not helped – over a third of UK councils have cut or closed public sports facilities in the past three years, according to a recent BBC survey.

But Lane argues that "the root cause of the problem" is not just lack of equipment and facilities but the failure of leisure centres to engage with disabled people. GLL runs accredited inclusive fitness programmes in 16 council areas designed to increase participation, and supports disabled swimming and wheelchair basketball clubs. "You can never have too much equipment, but the nub of the issue is about making adjustments in attitude and culture," says Lane.

Taylor, meanwhile, says going regularly to a gym has transformed her life. She has a neurological condition called dystonia, and lost the use of her legs 13 years ago. "I was never very sporty," she says. When she joined the gym four months ago she couldn't raise her arms above shoulder level.

Back then, it took her 14 minutes to achieve 3km on the arm cycle; now she does 4km in 12 minutes. She's lost two stone and become physically stronger. Once it took her 20 minutes to wheel up the steep hill outside her home to the shops, a trip punctuated by frequent stops to catch her breath. Now it takes her five minutes. She was planning to do a 5km race for charity.

Inaccessible facilities are bound to put disabled people off going to the gym, she says. She admits that the gym she uses is "very expensive". The government's plans to cut disability living allowance will mean gym membership will be unaffordable for many disabled people.

But Taylor says that low levels of physical activity among disabled people cannot just be blamed on gym inaccessibility. She has found it hard, she says, to persuade some of her disabled friends to give it a go. "I've told people, and they say, 'What's the point?' People are scared of gyms, scared of doing sport. People need to come and have a look."

The aim of this PAR project

The aim of this PAR project is to explore what elements make fitness and recreational sports centres user-friendly to individuals after stroke in New Zealand.

What is PAR?

In PAR, participants (consumers) and researchers work collaboratively in a group to explore an issue or problem that directly affects the participants (consumers).

All PAR group members (researchers and participants (consumers)) are active participants and contribute equally to the PAR process.

All PAR group members' experiences and expertise are equally important.

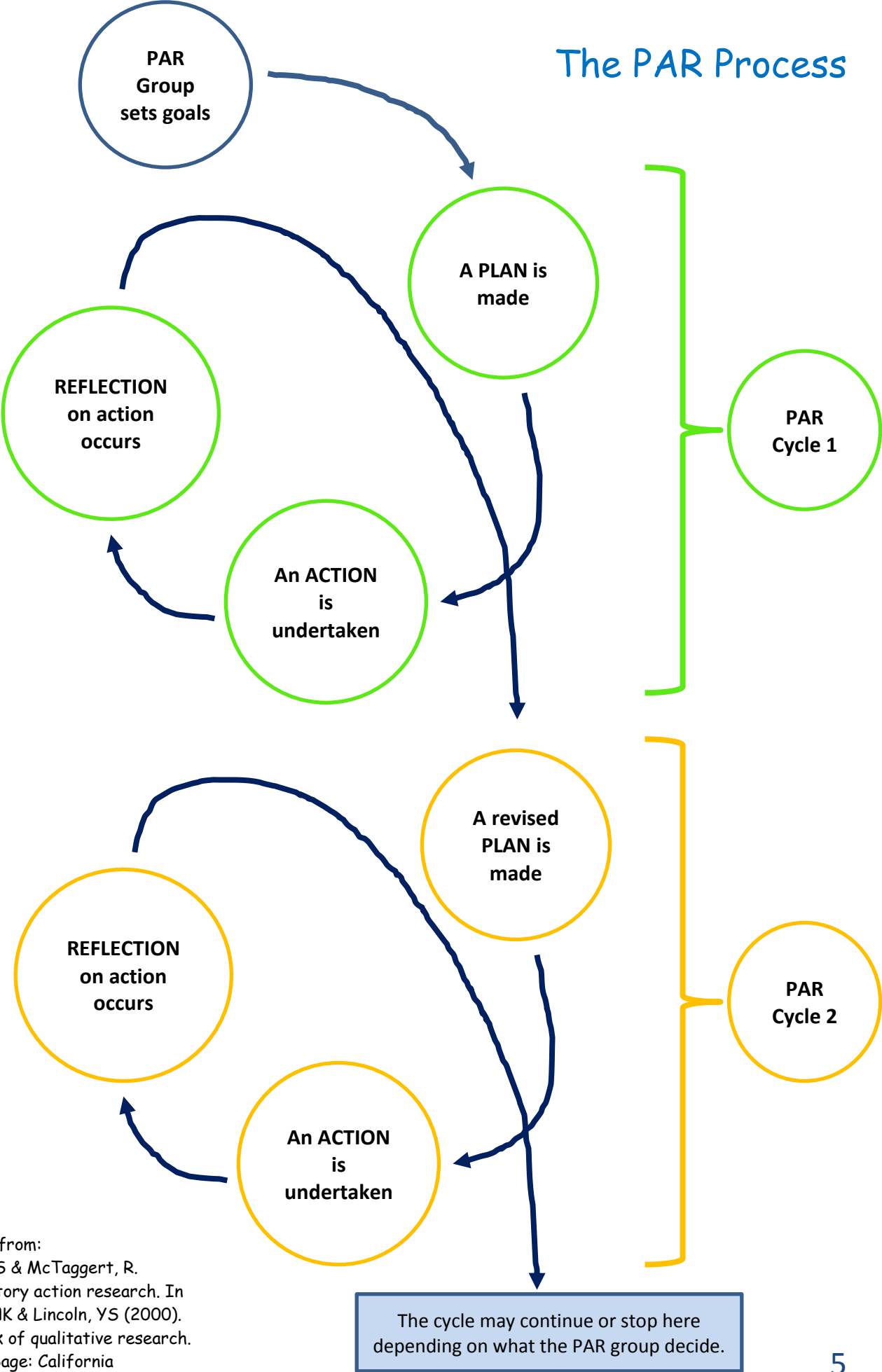
The goal of PAR is discovering new knowledge to facilitate a change for the greater good of the participants (consumers).



So how do you do PAR?

PAR is a cyclical process. It begins with the PAR group setting collaborative goals around the issue in question. The PAR group then collectively forms a **PLAN** of ways to solve the problem or issue. The ways of solving the problem become **ACTIONS**. When the PAR group have completed an **ACTION**, they then engage in **REFLECTION** on the **ACTION** and a new **REVISED PLAN** is formed. The cycle is then repeated. In the case of this project, 2-3 cycles are likely to be completed.

The PAR Process



Adapted from:
Kemmis, S & McTaggart, R.
Participatory action research. In
Denzin, NK & Lincoln, YS (2000).
Handbook of qualitative research.
(2nded.) Sage: California

What is involved in the ACTION phase?

The group collectively decides what type of ACTION they wish to be involved in to gather information (data) about the issue or problem. Types of ACTION could include (but not limited to):

- Individual interviews
- Group discussions about your experiences
- Diagramming or mind-mapping your experiences
- Observation or trial of a fitness and recreational sports centre
- Discussions with fitness centre providers, people with disabilities or members of the public
- Any other way you can come up with!



What is involved in the REFLECTION phase?

In the REFLECTION phase, the PAR group will engage in a group discussion about how you thought the ACTION phase went. Types of questions that you will discuss could include (but are not limited to):

- What did you do?
- What were your thoughts and feelings during the ACTION?
- What do you think other people thought in the ACTION?
- How did your personal beliefs influence the ACTION?
- How might you have acted differently in the ACTION?



How is the research data collected and analysed?



What happens to the findings?

The PAR team collectively decides where they wish to disseminate (share) their findings. Examples of dissemination may include the PAR group presenting their findings to:



This project has been funded by The Burwood Academy of Independent Living (BAIL) and as a requirement set out by the project funders, a member (or members) of the PAR group will present the findings of the project to them. In addition, the research team (in consultation with the PAR group) will submit a manuscript of the project for publication in a journal. This will allow others to benefit from learning about our approach, what it achieved and how it informs fitness and recreational sports centres about issues of access for people with disability.

Ownership of the PAR project

The PAR team collectively own the project as we are all acting together working towards a common goal.

Who is on the PAR team?

PAR Team Member	Role
Research Supervisors	<ul style="list-style-type: none"> Oversees all research activities Acts as a consultant to the team on research issues and methods
Project Director	<ul style="list-style-type: none"> Responsible for day to day running of the project Is a resource to the PAR group in research design and methods Develops all procedures to gather and analyse the information the PAR group collects Organises and facilitates PAR team meetings Takes notes and records proceedings as the meetings occur Distributes copies of the meeting minutes Encourages PAR group members to identify problems and search for solutions Provides support to PAR group members Acts as a 'coach' for PAR group members who might need help to fully participate Makes sure all information gathered during the project is recorded
Participants/Consumers	<ul style="list-style-type: none"> Participate in all project activities Participate equally in all decision making Provide a personal perspective to guide the development and implementation of all aspects of the research Identify and prioritise concerns about the issue in question Be willing to share experiences (both positive and negative) Offer expertise and make suggestions as to what might work better

Research Supervisors

Dr Hilda Mulligan and Dr Gisela Sole

Project Director

Ally Calder

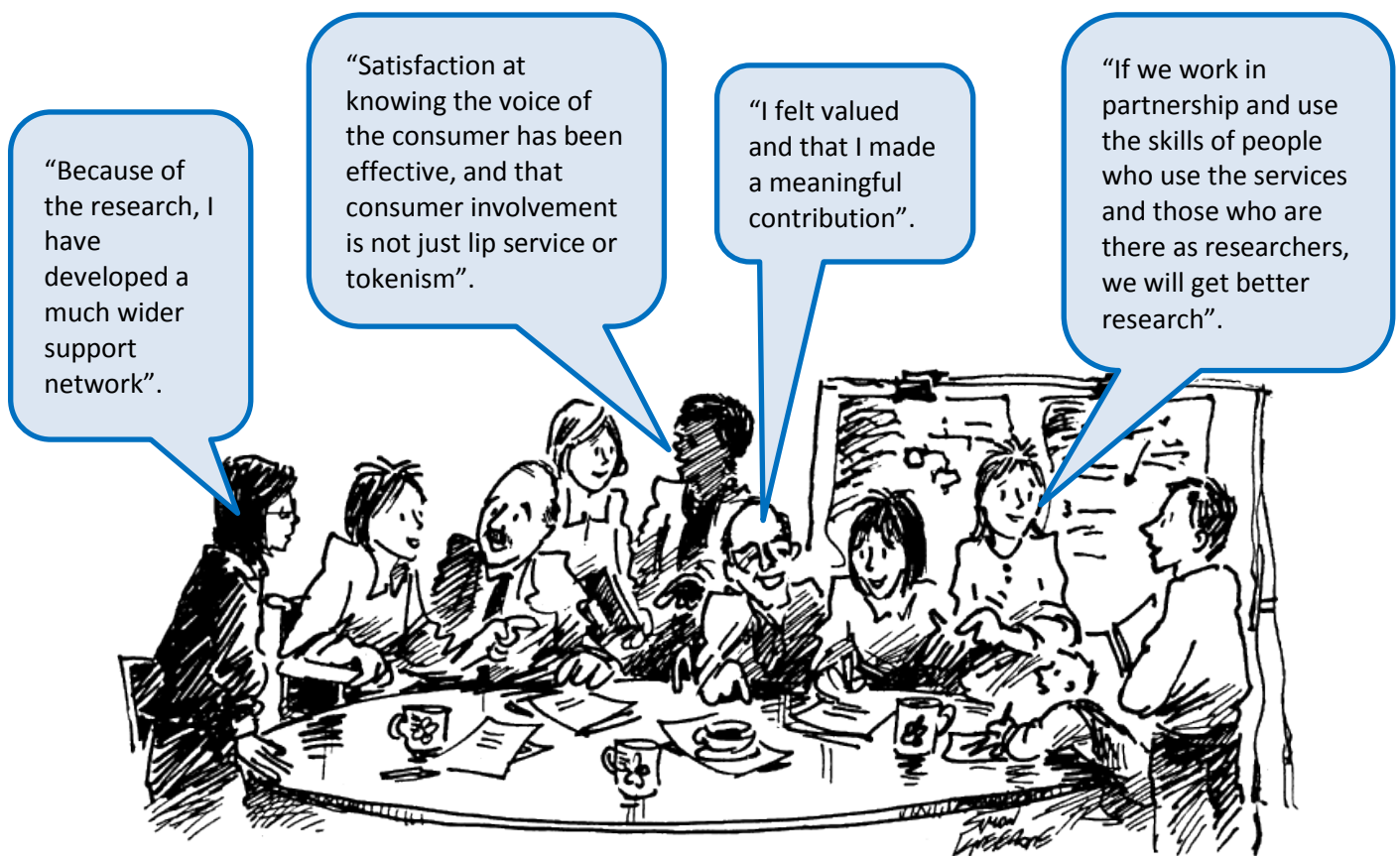
Research supervisors and the Project Director are from the University of Otago, School of Physiotherapy

Benefits of the PAR experience

The PAR experience gives participants/consumers a chance to:

- Learn new things about yourself
- Use your personal experiences to help others
- Gain research experience
- Gain new knowledge

What others have said about being involved in this type of research....



Taken directly from:

Royle, J., Steel, R., Hanley, B., & Bradburn, J (2001). *Getting involved in research: a guide for consumers*. Consumers in NHS Research Support Unit.

ACTION task 1

Before the next meeting, have a think about (and jot down in the table below) what:

- *Strengths* you might bring to the group
- *Weaknesses* you bring to the group
- *Opportunities* you see by being involved in the group
- *Threats* you see by being involved in the group

Strengths	
Weaknesses	
Opportunities	
Threats	

ACTION task 2

Before the next group meeting, have a think about how you would like the PAR group members to be identified. Here are some ideas, feel free to circle your choice or jot down any other suggestions you may have (again there is no right or wrong answer).

Stakeholders

Participants

Consumers

Researchers

Team Members

Other _____

Contact details

Please feel free to contact me if you have any questions about the project.

My contact details are as follows:

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